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M.A. [Education]

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SPECIAL EDUCATION

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SYLLABI-BOOK MAPPING TABLE

Special Education

Syllabi	Mapping in Book
BLOCK I: SPECIAL CHILDREN, SPECIAL EDUCATION AND EDUCATIONAL INTERVENTIONS **UNIT I Special Children** Nature, needs and types of special children (children with exceptional abilities - creative and gifted; with deficiency and handicaps - mentally retarded, sensory and physically disabled; with learning disability **UNIT II Learning Disabled** Slow learners, under achievers, and other types of learning disabled; with social and emotional problems - truant, delinquents, drug addicts etc.). - Characteristics, problems and special educational needs of each type of special children. **UNIT III Special Education** Objectives, Principles and Scope of Special Education in India. Problems and issues of Special Education in India. Historical perspective of Special Education in India. **UNIT IV Educational Interventions** Meaning and type of Educational Interventions Educational programmes and their trends Concepts of mainstreaming Segregated, Integrated to inclusive. Administration of special education.	**Unit 1:** Special Children **(Pages 1-14);** **Unit 2:** Learning Disabled **(Pages 15-35);** **Unit 3:** Special Education **(Pages 36-49);** **Unit 4:** Educational Intervention **(Pages 50-72)**
BLOCK II: SPECIAL EDUCATION IN INDIA, WELFARE UNITS, REASONS FOR DISABILITY AND TEACHING AND LEARNING **UNIT V Special Education in India** Constitutional provisions for Special Education Government policies for Special Education Legislations for Special Education Recommendations of various committees and commissions NPE (1986) POA (1992) **UNIT VI Welfare Units** PWD (Person's with Disability) Act (1995). National Institutions of Special Education. Role of Rehabilitation Council of India. **UNIT VII Reasons for Disability** Visually impaired, low vision, hearing impaired, mentally retarded, orthopedically impaired, learning disabled children - Etiology and its characteristics with reference to the various disabilities and their prevention methods. **UNIT VIII Psychology of Teaching and Learning** Psychology of Teaching and Learning in relation to the disabled learner Curriculum for disabled learners, Pedagogy for disabled learners Evaluation methods for disabled learners Placement for disabled learners	**Unit 5:** Special Education in India **(Pages 73-103);** **Unit 6:** Welfare Units **(Pages 104-123);** **Unit 7:** Reasons for Disability **(Pages 124-145);** **Unit 8:** Psychology of Teaching and Learning **(Pages 146-162)**

BLOCK III: SPECIAL CHILDREN WITH PHYSICAL, SOCIAL MULTIPLE DISABILITUIES

UNIT IX Special children with Physical disabilities

Basis classification, characteristics and etiology of various types of disabilities and differences between them; Educational needs and problems of each type of disabilities. Physically disabled - visually handicapped Audio handicapped (speech and Hearing disabled) orthopedically handicapped

UNIT X Socially Deprive

Socially deprived meaning, types, Emotionally disturbed children: Meaning and Types Dyslexic Delicate Children Etiology

UNIT XI Multiple Disabilities (Associate disabilities)

Meaning of Multiple Disabilities Concept of Multiple Disabilities Types of Multiple Disabilities Causes of Multiple Disabilities
Educational implications for Multiple Disabilities

BLOCK IV: SPECIAL CHILDREN WITH EXCEPTIONAL, GIFTED AND PROBLEMATIC CHILDREN

UNIT XII Special children with Exceptional Abilities

Types - Gifted and Creative; Meaning, characteristics, problems and identification of each type. Principles of creativity and its levels. Measurement of creativity and fostering activities and programmes for creativity.

UNIT XIII Education of the Gifted and the Creative Children

Need and scope - Psychology of teaching and learning in respect to the gifted and the creative. -Curriculum, pedagogy, evaluation and placement in respect to the gifted and the creative.

UNIT XIV Problematic Children

Concept and meaning of Truants, Delinquents, drug addicts and other types of problem children, their characteristics, problems and etiology; Preventive measures and educational programmes; placement of delinquents, drug addicts and other types.

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UNIT I – SPECIAL CHILDREN

Structure

1.0 INTRODUCTION

In this unit, you will learn about children with diverse needs. In this unit, we will discuss nature and needs of special children. You will also know about International and national level policy frameworks and legislations for education among children with disability. Finally, we discuss about the types of special children.

1.1 OBJECTIVES

After going through this unit, you will be able to

- Know the nature and needs of special children
- Discuss the curricular modifications of special children
- Lists the types of special children

1.2 NATURE AND NEEDS OF SPECIAL CHILDREN

The World Health Organization (WHO) estimates that one billion people, 15% of the total population around the globe are living with disabilities. The United Nations Children's Fund (2005) estimates that about 150 million children/youth are living with disabilities. The American based National Center for Education Statistics (2018) identified 13% of the student population attending public schools required special education during the 2014/2015 academic year. Of those students, 60% manifested delays in highly preventive areas such as speech/language, emotional/behavioral regulation, or academic performance.

The provision of supports for students with Special Educational Needs (SEN) has a long history in contemporary schools. Evolving from complete segregation prior to the mid-1980s, social movements such as normalization, integration, deinstitutionalization, and more recently, inclusion have resulted in contemporary classrooms being characterized by their diversity. Today, the provision of supports for students with Special Educational Needs (SEN) is anchored in legislation and consumes a significant portion of educational budgets. Early identification and intervention strives to optimize student progress to mitigate the long term consequences of failing to meet curricular goals.

Table 1 S*howing School-aged children with Special Educational Needs (SEN) in the U.S.*

Type of Disability	**% of Full Population**	**% of Special Education students by Exceptionality**
Autism	1.1	8.5
Developmental delay	0.8	6.2
Emotional/behaviour disturbance	0.7	5.4
Hearing impairment	0.2	1.5
Intellectual disability	0.8	6.2
Multiple disabilities	0.3	2.3
Orthopedic impairment	0.1	0.8
Other health impairment	1.7	13.1
Specific learning disabilities	4.5	34.6
Speech or language impairment	2.6	20
Traumatic brain injury	0.1	0.8
Visual impairment	0.1	0.8

While taking view of the special needs children, their main consideration should be their health, enjoyment, achievement, positive contributions, safety and success. Sometimes, the special needs of a few students may be in conflict with the learning process of other students. A child has special educational needs if s/he has difficulty in learning. A child may have learning difficulty because of a disability which hinders him/her from making use of the existing educational facilities provided for all other children of him/her class.

Early assessment of needs and interventions would help in minimizing the learning problems of children at risk for learning difficulties. Teachers has to observe the child carefully and continuously so

that any variations in the language pattern, specifically delays in receptive and expressive language, variations in attention patterns, auditory and spatial perception can be assessed and interventions planned with the support of a specialist before major academic difficulties emerge. The curriculum at the pre-school stage can be structured around areas like attending and listening, perception, language development, creative expression, mathematics and physical education.

Students may benefit from adaptations to the curriculum, alteration in the pace of delivery, improvements to the instructional and organizational ecology, by providing instructional feedback, continually assessing the students' learning and understanding, and instruction in learning and study skills.

Children and youth having emotional and behavioral problems may sometimes exhibit problems in interpersonal behaviors that hamper their successful interaction with others. Training them in social skills, pairing them with other students and providing cooperative goals, opportunities for playing games, telling-stories, or singing songs together encourage interaction. Effective strategies to support the development of effective behavior may be required from time-to time.

International and national level policy frameworks and legislations

International and national level policy frameworks and legislations for education among children with disability are

Article 45 commits to the provision of free and compulsory education for all children up to the age of 14 years. Based on this, the Constitution (86th Amendment) Act, 2002, has been enacted by the Parliament making education a fundamental right of all children in the age group of 6-14 years. The National Policy on Education, 1986 (NPE, 1986), and the Programme of Action (1992) stresses the need for integrating children with disability with other groups. The objective to be achieved as stated in the NPE, 1986 is "to integrate the physically and mentally handicapped with general community as equal partners, to prepare them for normal growth and to enable them to face life with courage and confidence".

In the 1970s, the government launched the Centrally Sponsored Scheme of Integrated Education for Disabled Children (IEDC). The scheme aimed to provide educational opportunities to learners with disability in regular schools and to facilitate their achievement and retention. Under the scheme, hundred per cent financial assistance is provided for setting up resource centers, surveys and assessment of children with disability, purchase and production of instruction materials and training and orientation of teachers. The right of every child to an education is proclaimed in the Universal Declaration of Human Rights and was strongly reaffirmed by the World Declaration on Education for All. The philosophy agreed upon at the Jometien World Declaration included the following statements:

- Every person – child, youth and adult – shall be able to benefit from educational opportunities designed to meet their basic learning needs.
- The learning needs of the disabled demand special attention. Steps need to be taken to provide equal access to education to every category of disabled persons as an integral part of the education system.

In the result of the Salamanca Statement and Framework for Action on Disability Education (1994) emphasized that schools should accommodate all children regardless of their physical, intellectual, social, emotional, linguistic or other conditions. Those with special educational needs must have access to regular schools which should accommodate them within a child centered pedagogy capable of meeting these needs.

Standard Rules on the Equalisation of Opportunities for Persons with Disability (1993) was an important resolution for improving the educational conditions of persons with disability. This had major implications for the Indian situation in the form of three legislative Acts – The Rehabilitation Council of India Act, 1992, The Persons with Disability (Equal Opportunities, Protections of Rights and Full Participation) Act, 1995 (PWD Act, 1995), and The National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disability

Act, 1999. While the RCI Act was solely concerned with manpower development for the rehabilitation of persons with disability, the National Trust Act aims to provide total care to persons with autism, mental Learn human rights... conquer human wrongs (NCF-2005). The Persons with Disabilities (Equal Opportunities, Protections of Right and Full Participation) Act, 1995 stresses the need to provide free of cost education to all children in an appropriate environment till they are 18 years old and further emphasize their right to measures like:

(a) Transport facilities to students with disability or alternative financial incentives to the parents or guardians to enable their children with disability to attend schools;

(b) Removal of architectural barriers from schools, colleges or other institutions imparting vocational and professional training;

(c) Supply of books, uniforms and other materials to students with disability attending school;

(d) Grant of scholarship to the students with disability;

(e) Setting up of appropriate fora for the redressal of grievances of parents regarding the placement of their children with disability;

(f) Suitable modification in the examination system to eliminate purely mathematical questions for the benefit of blind students and students with low vision;

(g) Restructuring of curriculum for the benefit of students with disability; and

(h) Restructuring the curriculum for the benefit of students with hearing impairment to facilitate them to take only one language as part of their curriculum.

IDEA (Individuals with Disabilities Education Act) and Section 504 of the Rehabilitation Act

Students with disabilities must be prepared for further education, employment and independent living.

- ❖ Prohibits schools from discriminating against children with disabilities
- ❖ Requires schools to provide accommodations for disabled students

- Students with impairments that substantially limit a major life activity can qualify as disabled (learning and social deficits too)
- Americans with Disabilities Act (ADA)
- Schools must meet the needs of children with psychiatric problems
- No Child Left Behind
- Schools must uphold achievement standards for children with disabilities

Curricular Modifications of Special Children

Multi-Level Curriculum Instructions

Multi-Level Curriculum Instructions refers to teach a diverse group of learners within a shared activity in which students have individually appropriate learning outcomes within the same curricular area (Giangreco, Cloninger and Salce Iverson, 1989). For example, in a science class while majority of students may be working on what makes objects float or sink students with special needs may be understanding the concept of sinking and floating and the difference between them.

Curriculum overlapping

Curriculum overlapping happens when students have individually appropriate learning outcomes from different curricular areas but work on these in a shared activity. For example, when students are working in groups some may be achieving the learning outcomes for social studies while students with special needs may be working on development of communication skills.

Check your Progress

1. How will you train emotional and behavior problem child?
2. List the curricular modifications of special children.

1.3 TYPES OF SPECIAL CHILDREN

There are four major types of special needs children.

1) Physical-- Muscular Dystrophy, Multiple Sclerosis, Chronic Asthma, Epilepsy, etc.
2) Developmental--Down syndrome, autism, dyslexia, processing disorders.
3) Behavioral/Emotional--ADD, Bipolarism, Oppositional Defiance Disorder
4) Sensory impaired--Blind, visually impaired, deaf, limited hearing.

A child with special needs has access to special education under the Individuals with Disabilities Education Act (IDEA) in which children are eligible for early intervention services, free public special education and related services.

Physical special needs

Whether someone is born with a physical special need or they develop this need as they age, having a strong grasp on the facts will serve to ensure the individual's safety and success in life. A person who is born with a physical special need may have an innate ability to adapt to the world around them, whereas someone thrust into or who gradually develops a physical special need may have a tougher time establishing their new normal.

- **a) Allergies and asthma**
- **b) Limb differences**
- **c) Juvenile and chronic arthritis**
- **d) Multiple sclerosis**
- **e) Cerebral palsy**
- **f) Epilepsy**

Developmental Special needs

- **g) Down syndrome**
- **h) Autism**
- **i) Learning disability - Dyslexia**

Students with intellectual challenges

Students with intellectual challenges may require modification in the curricular content to provide less complex information and learning of functional and vocational skills.

Mental retardation

Mental retardation (MR) also referred as Intellectual disability, is a cognitive impairment which include significant limitations in intellectual ability and adaptive behavior; this disability occurs in a range of severity.

Emotional disturbance

Emotional disturbance (ED) involves significant problems in the social - emotional area to a degree that learning is negatively affected.

Behavioral/emotional special needs

- **j) Dissociation**
- **k) Obsessive compulsive disorder**
- **l) Attention Deficit Hyperactivity Disorder**
- **m) Eating disorders**

Sensory-impaired special needs

People with sensory disabilities or special needs can be aided in learning and communication through technological and social advancements like auxiliary aids and adaptive equipment — a highly trained service dog or a Type-N-Speak, for example. Accommodations at schools and workplaces across the country are made for individuals with sensory impairments. Students with Physical Disabilities may require adaptations to the physical environment of the school like ramps, proper toilets etc.

- **n) Sight-impaired**
- **o) Hearing-impaired**
- **p) Sensory processing disorder**
- **q) Speech or language impairment**
- **r) Deaf -blindness**
- **s) Orthopedic impairment**

Other impairments

Traumatic brain injury

Traumatic Brain Injury (TBI) is a medical condition denoting a serious brain injury that occurs as a result of accident or injury; the impact of this disability varies widely but may affect learning, behavior, social skills and language.

Developmental delay

Developmental Delay (DD) is a nonspecific disability category that states may choose to use as an alternative to specific disability labels for identifying students up to age 9 needing special education.

1.4 CREATIVE CHILDREN

The creative children are those who have the ability to make unusual associations or connections between seemingly unrelated or remote ideas. Have a large number of ideas or solutions to problems and display intellectual playfulness, fantasize, imagine and daydream. Are often concerned with adapting, improving, or modifying existing ideas, thoughts or products or the ideas or products of others. The creative children have

- A keen or unusual sense of humor and see humor others do not see and they do not fear being different, but may still be emotionally hurt by non-acceptance.
- Often the importance of an idea outweighs that of peer acceptance.
- Ask many questions at an early age – this trend generally continues past early childhood into adulthood.
- Frequently challenge teachers, textbook authors, and those in authority or "experts".
- Sometimes come up with unexpected, futuristic, bizarre, even "silly" answers or solutions.
- Become obsessed with completing varied projects, or exhibit unusual persistence in completing tasks.

1.5 GIFTED CHILDREN

According to Gail Gross (2013), Gifted children are children who give evidence of high performance capability in areas such as intellectual, creative, artistic, leadership capacity, or specific academic fields, and who require services or activities not ordinarily provided by the school in order to fully develop such capabilities.

There are some common characteristics among the gifted child. Gifted children are Self-disciplined, independent, often anti-authoritarian, have sense of humor, able to resist group pressure, a strategy that is developed early, more adaptable and more adventurous, greater tolerance for ambiguity and discomfort, little tolerance for boredom, preference for complexity, asymmetry, open-endedness, high in divergent thinking ability, high in memory, good attention to detail, broad knowledge background, need think periods, need supportive climate, sensitive to environment, need recognition, opportunity to share, high aesthetic values, good aesthetic judgment and freer in developing sex role integration; lack of stereotypical male/female identification.

Check your Progress

3. List out the types of special children.
4. List some characteristics for gifted children.

1.6 ANSWERS TO CHECK YOUR PROGRESS

1. Children and youth having emotional and behavioral problems may sometimes exhibit problems in interpersonal behaviors that hamper their successful interaction with others. Training them in social skills, pairing them with other students and providing cooperative goals, opportunities for playing games, telling-stories, or singing songs together encourage

interaction. Effective strategies to support the development of effective behavior may be required from time-to time.

2. i) Multi-Level Curriculum Instructions

ii) Curriculum overlapping

3. There are four major types of special needs children.

1) Physical-- Muscular Dystrophy, Multiple Sclerosis, Chronic Asthma, Epilepsy, etc.
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1.7 SUMMARY

Students may benefit from adaptations to the curriculum, alteration in the pace of delivery, improvements to the instructional and organizational ecology, by providing instructional feedback, continually assessing the students' learning and understanding, and instruction in learning and study skills.

Multi-Level Curriculum Instructions refers to teach a diverse group of learners within a shared activity in which students have individually appropriate learning outcomes within the same curricular area.

Curriculum overlapping happens when students have individually appropriate learning outcomes from different curricular areas but work on these in a shared activity. Whether someone is born with a physical special need or they develop this need as they age, having a strong grasp on the facts will serve to ensure the individual's safety and success in life.

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1.8 KEYWORDS

- **IEDC** - Integrated Education for Disabled Children
- **IDEA -** Individuals with Disabilities Education Act
- **ADA -** Americans with Disabilities Act
- **Multi-Level Curriculum Instructions** refers to teach a diverse group of learners within a shared activity in which students have individually appropriate learning outcomes within the same curricular area.
- **Curriculum overlapping** happens when students have individually appropriate learning outcomes from different curricular areas but work on these in a shared activity.
- **Learning disability (LD)** is a disorder related to processing information that leads to difficulties in reading, writing, spelling and computing; the most common disability, accounting for half of all students receiving special education.
- **Mental retardation (MR)** also referred as Intellectual disability, is a cognitive impairment which include significant limitations in intellectual ability and adaptive behavior; this disability occurs in a range of severity.

1.9 FURTHER READINGS

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UNIT II – LEARNING DISABLED

Structure

2.0 INTRODUCTION

In this unit, you will learn about children with learning disabled. In this unit, we will discuss on characteristics, problems of slow learners, under achievers. You will also know about types of learning disabled children. Finally, we discuss about the children with social and emotional problems.

2.1 OBJECTIVES

After going through this unit, you will be able to

- Know the characteristics, problems and educational needs of slow learners and under achievers
- Discuss the characteristics, problems and educational needs of children with learning disabled
- Discuss the characteristics, problems and educational needs of children with social and emotional problems

2.2 SLOW LEARNERS, UNDER ACHIEVERS, TYPES OF LEARNING DISABLED

SLOW LEARNERS

A slow learner is a child that hits his developmental markers at a much slower rate than compared to his peers. It is commonly misunderstood that these children fail at learning or are merely ‘dumb’. Some children naturally learn much faster, and others are known to take their time to learn the same concepts and lessons.

Slow learning children are not special education students but they represent a group of educationally retarded. Hence, this children need suitable arrangements in regular schools. Identification of slow learning children is not obvious except for educational backwardness. These children display weakness in thinking, finding, out relationships, similarity, familiarity, reasoning, poor development of concept, language, and number concepts, memory. Socio-emotional characteristics include feeling of in security, withdrawal, immaturity, regression and fantasy.

CHARACTERISTICS OF SLOW LEARNER

In every classroom, a large number of slow learners are noticed. These children with borderline or mild handicaps who attend the regular class are likely to drop out if their needs are not met. A competent teacher should be alert to general characteristics of the associated classroom behaviour relating to learning difficulties of a child. For example, the slow learner requires more help and time to acquire the skill than his average peer. The slow learner will rely on concrete learning rather than abstract learning.

Slow learners are to be identified by employing various procedures and using various tools and techniques. These are as follows:

1. Day-to-day observation of classroom behaviour of children by the teacher.
2. Assessment of children's performance in specific subjects based on the Cumulative Record Card or school marks.

3. Opinion of parents about the child's progress and difficulties in learning various subjects, doing homework, his language difficulties, emotional problems, illness, injuries and physical defects and problems.
4. Measures of intellectual ability or IQ scores.
5. Competence-based tests and diagnostic tests in various subjects.

Developmental:

The characteristics of a child with developmental learning disorders include poor memory and a delay in speech and language developmental patterns. This means the child could take longer to start speaking than others or may need more prolonged and repetitive lessons to learn most concepts.

Social:

A child who has social learning disabilities is usually known to relate to children younger to him more often and avoid interacting with peers. Such children are also prone to behaviour that is associated with children younger than their age. These children are often just labelled as introverts due to the inability to connect with their peers leading them to be quieter or more reserved.

Personal:

Children with personal learning problems seem to have less control over their emotions. They tend to fall back to anger quickly, get frustrated faster than most, express emotions like anxiety for seemingly minor issues or get depressed over setbacks. These children are most likely to have significant problems with self-esteem, confidence and are prone to acts of aggression or emotional instability.

Educational:

Children with learning or educational disabilities take longer to process and understand the information provided to them. These children may be proficient in intellectual knowledge, but it takes them longer to understand & grasp the concepts.

CAUSES OF SLOW LEARNING

Every behavior has a cause, meaning and significance. The behavioural characteristics of slow learners are symptoms of conditions or some factors present either within the child or outside the child. Slow learning is caused by a variety of factors such as:

(i) Low intellectual abilities such as subnormal intelligence.

(ii) Personal factors such as
- long illness,
- long absence from school,
- undetected physical defects,
- poor cognitive entry characteristics.

(iii) Environmental variables such as
- poor home facilities for learning skills,
- low quality and quantity of food,
- shortage of sleep,
- adverse parental attitudes towards education,
- poor or inappropriate opportunities in school (large classes),
- poor quality of teaching,
- choosing inadequate or advanced materials,
- incompatibility between home and the school,
- Repeated changes of school and consequent changes in teaching styles and content.

(iv) Emotional factors such as
- dislike of teacher through classes of personality,
- negative parental attitudes to school creating in the child similar adverse attitudes,
- feeling of inadequacy,
- lack of confidence in self and need to achieve,

- Extreme timidity and anxiety giving rise to poor levels of attainment.

v) Trauma - A child could have gone through a trauma in the past which is causing a delay in his development. It is now widely accepted that trauma of any nature – be it physical, psychological or emotional – can have the same impact on children.

vi) Premature Birth - One of the reasons for problems while learning is the premature birth. This can also be the reason behind your child having a slower rate of brain development.

EDUCATIONAL PROGRAMMES FOR SLOW LEARNERS

The slow learner is capable of achieving a moderate degree of academic success though with additional time, help and capable of being educated in the regular class with few adaptations. As adults, they are self-supporting, independent, and socially adjusted. The difficulty is that most of these children are not diagnosed as slow learners until they attend school and begin to fail. Slow learners work best with a carefully designed, step by step technique, additional time and help. Considerable repetition is usually necessary and the material should be adapted appropriately for the slow learner. Positive reinforcement technique should be used as much as possible. The following recommendations are useful for the teacher:

1. The teacher needs to emphasize the concrete and the specific with regard to the problems and materials.
2. Instruction should be directed towards satisfying those needs that are more immediate and more easily recognised and identified.
3. Slow learners should be given more time, attention and guidance by the teacher until they reach the expected average standard.
4. Instruction should be less dependent on conventional printed materials.
5. Out-of-school resources like the field trip should be used more frequently.

6. There is need for greater utilization of audio-visual aids.

7. Learning units should be organized around life's problems more than around academic subjects.

8. Teachers should avoid any kind of competition or comparison between normal or gifted students and slow learners.

9. All types of labeling such as `stupid,' idiot,' the 'slow learner,' the dull,' the back bencher' should be avoided by the teacher as this may lower the child's self-concept, self-esteem and lead to greater frustration, anxiety, withdrawal and delinquent tendencies.

10. Teachers should discover any specific skills slow learners may possess. If possible, let them demonstrate their skills for other students.

11. Teachers should be careful about the number of things taught and the abstractness of the material. Sheer numbers can overwhelm any one, especially the slow learners. The more abstract the material, the greater difficulty the slow learner will have with it.

12. Praise - Motivation is one of the most essential requirements for children who are slow learners. To help, they continue learning and to keep them motivated, it is important to praise them when they get a concept or technique correctly. Even the smallest victory should be acknowledged and praised.

13. Rewards - As with any child, a slow learning child will be motivated to stay the course and learn as much as possible if there is a reward at the end of it. Try setting rewards for milestones to keep your child motivated and to help him focus on the task at hand.

14. Smaller Targets - When working with a child who is a slow learner, it is important to set small targets that are achievable and within reach. As a parent, it is your responsibility to understand what is achievable for your child.

15. Remedial Instruction - Remedial instruction requires proper diagnosis of their specific difficulties in various subjects and understanding their problems before actual instruction begins. In

certain cases, slow learning is caused by factors other than low intellectual ability. For example, visual defects may cause reading difficulties; emotional factors may cause general academic failure. In such cases, interview with parents and the classroom teacher or a simple medical examination may solve the problem. Remedial instruction can be given by the regular teacher, full-time remedial teacher or visiting remedial teacher. Slow learners are benefited mostly from remedial instruction and two types of programmes are:

1. Eliminating ineffective habits and unwholesome attitudes and re-teaching skills which have been incorrectly learned. This refers to remediation of defects.
2. Teaching for the first time those habits, skills and attitudes which have never been learned but should have been and which are needed by such children. This refers to developmental teaching or developing increased competence.

Remedial programme involves taking a child where he is and from that point leading him to greater achievement. Remedial teaching is just good teaching concerned with two types of deficiencies-the presence of bad habits and the absence of good habits.

UNDER ACHIEVERS

An underachiever is a person who fails to achieve his or her potential or does not do as well as expected. Of particular interest is academic underachievement. Studies of individuals who have not realized their apparent potential have identified learning disabilities, ADHD, and many other educational problems, and subsequently enabled methods of addressing these problems. Current theories among academic scholars prefer to address underperformance problems with remedial help.

CHARACTERISTICS OF UNDERACHIEVERS

- Low self-esteem: low self-esteem that gifted students feel may come from the pressures of being gifted.

- Poor self-Efficacy: when gifted students fail at something, they blame their lack of ability; if they succeed at something, they attribute their success to luck. These students accept responsibility for failure, but not success. Dweck (2006) describes two types of mindsets in his book Mindset. A fixed mindset causes students to believe that their abilities are permanent and they can't do anything about them. A growth mindset, they understand that their efforts will develop their talents over time.
- Avoidance Behaviors: avoidance behaviors protect underachievers from admitting their feared lack of ability.
- Rebellion: rebellion against authority, particularly school authority provides another mechanism to protect the underachiever. Blaming the school helps the underachiever avoid the responsibility of achieving, by blaming the system.

EDUCATIONAL PROGRAMMES

- Actively involve individuals, pairs and groups
- Manage the emotional climate so that no-one and no group feels excluded
- Use methods that encourage active participation including use of problems, case studies, role-play, props, story, visual or electronic aids to help
- Encourage learners to experience through seeing, hearing and doing
- Construct meanings in a variety of group situations
- Immerse the activity in structured language exchange
- Provide opportunities to pause and describe, to pair/share, to reflect and to speculate, engage curiosity
- Use good questioning techniques
- Include opportunities for learners to make choices within the lesson: choice is a huge motivator
- Allow several rehearsals' in multiple modes
- Utilize different groupings
- Provide educative feedback in or near the real experience from the teacher and/or others in the class

- ❖ Plan for pupils to transfer their knowledge to a novel situation
- ❖ Let pupils 'teach each other' to demonstrate their learning

LEARNING DISABLED

A learning disability is a neurological disorder. In simple terms, a learning disability results from a difference in the way a person's brain is wired. Children with learning disabilities are as smart as or smarter than their peers. But they may have difficulty reading, writing, spelling, and reasoning, recalling and/or organizing information if left to figure things out by themselves or if taught in conventional ways. Common learning disabilities are

- Dyslexia – a language-based disability in which a person has trouble understanding written words. It may also be referred to as reading disability or reading disorder.
- Dyscalculia – a mathematical disability in which a person has a difficult time solving arithmetic problems and grasping math concepts.
- Dysgraphia – a writing disability in which a person finds it hard to form letters or write within a defined space.
- Auditory and Visual Processing Disorders – sensory disabilities in which a person has difficulty understanding language despite normal hearing and vision.
- Nonverbal Learning Disabilities – a neurological disorder which originates in the right hemisphere of the brain, causing problems with visual-spatial, intuitive, organizational, evaluative and holistic processing functions.

CHARACTERISTICS

The common characteristics of children with learning disabled are

- ❖ Slow reading rate
- ❖ Problems understanding what is read
- ❖ Difficulty finding important points or main ideas
- ❖ Confusion of similar words

- ❖ Difficulty remembering what is read
- ❖ Frequent spelling errors
- ❖ Letter reversals
- ❖ Overly large handwriting
- ❖ Slow writing rate
- ❖ Difficulty with sentence structure or poor grammar
- ❖ Problems with reasoning and abstract concepts
- ❖ Difficulty recalling arithmetic operations
- ❖ difficulty understanding words or concepts, and/or
- ❖ Delayed speech development; immature speech.

Reading disability is an unexpected difficulty in learning to read despite normal intelligence and the opportunity to learn with competent instruction. Generally accepted estimates of its prevalence in school age children range from 3% to 9% but may run as high as 20% to 25%.

Among children with reading disability, classroom teachers have reported a relatively high prevalence of the signs of vision disorders including, facial grimacing, squinting, head tilting, eye rubbing and unusually close working distance. All demographic groups - whether broken down by occupation, ethnic origin, race, gender, and educational level - read to varying degrees for information, political awareness, social development and entertainment.

EDUCATIONAL PROGRAMMES FOR STUDENTS WITH LEARNING DISABILITIES

Learning disability is a general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction, and may occur across the life span. Some of the educational programmes suggested for children with learning disabled are

- ➢ direct instruction;

- learning strategy instruction; and
- using a sequential, simultaneous structured multi-sensory approach
- break learning into small steps
- Slow reading rate and/or difficulty adjusting speed to the nature of the reading task
- Difficulty with comprehension and retention of material that is read, but not with material presented orally
- Difficulty with sentence structure, poor grammar, omitted words
- Frequent spelling errors, inconsistent spelling, letter reversal
- Needs more time to complete assignments
- A general lack of ability to develop strategies
- Difficulty "reading" facial expressions, body language
- Problems interpreting subtle messages such as sarcasm
- Confusion in spatial orientation, getting lost easily, difficulty following direction.
- Disorientation in time, difficulty telling time

Check your Progress

1. How can you identify slow learners?
2. List some educational programmes for students with learning disabilities

2.3 SOCIAL AND EMOTIONAL PROBLEMS – TRUANT, DELINQUENTS, DRUG ADDICTS

Emotional disorder is a mental disorder in which one's emotions are disturbed to a great extent. This disorder is not due to any abnormalities in the brain development or function. It is a psychological condition in which thoughts and emotions are not in the proper state. When the personality of an individual is exhibited by unduly emotional thinking and dramatic behavior, it is clearly an indication of overly emotional disorder.

LIST OF EMOTIONAL DISORDERS

Emotional disorders list would typically cover various types of emotional disorders in various stages – from childhood to adulthood. Several such emotional disorders in children are broadly categorized into conduct disorders, emotional disturbances, personality disorders, anxiety disorders, and so on.

CONDUCT DISORDERS

Children suffering from conduct disorders are mostly diagnosed with anti-social behaviors, namely aggressiveness, throwing tantrums, stealing, lying, and hostility, destructive and manipulative attitude.

AFFECTIVE DISORDERS

Emotional disorders list include improper eating habits, depression, and extreme stress; most of these lead to negative behavior in the individual's personality. In children, the most commonly encountered psychiatric emotional disorder is the change of mood. It includes depression and bipolar disorder.

PERSONALITY DISORDERS

The rigid and pervasive behavior pattern exhibited is totally different from the cultural expectations, and results in distress. The disorder may be schizotypal, showing uneasiness in close relationships or borderline, marked by uncertainty in interpersonal relationship or dependent, exhibiting a highly clinging attitude with the need to be cared for.

ANXIETY DISORDERS

The most prevalent types of emotional disorders in children are anxiety disorder. The suffering children exhibit fear, shyness and nervousness. It includes phobia, panic, obsessive-compulsive disorders, separation anxiety, and post-traumatic stress disorder.

ATTENTION DEFICIT HYPERACTIVITY DISORDER

Children exhibiting over activity and short span of attention are easily diverted and are unable to consolidate their schedules.

OPPOSITIONAL DEFIANT DISORDER

Children easily lose their temper and argue a lot with others. They are quickly irritated by others and express anger often.

PERVASIVE DEVELOPMENT DISORDER

Distortions in the thought process of a child and delay in development is caused when the brain is incapable of processing the information. It includes autism and Asperger's syndrome.

SCHIZOPHRENIA

Schizophrenia includes poor reasoning and judgment, hallucinations, delusions, lack of motivation and concentration. The major areas of overlap occurred for problems causing mental or psychological stress for children which, on the basis of research, appear to carry over into adult years with related social problems (e.g., lower incomes, family distress, etc.).

CAUSES

- Adolescent pregnancy
- Substance abuse
- Child abuse/neglect
- Homelessness
- Mental health problems
- Adequacy of foster care services
- Adequacy of adoption services
- Children without health care coverage
- Runaway youth

TRUANTS

Truancy students who do not attend school regularly are often taking the first step toward a lifetime of problems. Most experts believe that truancy is a powerful and accurate predictor of involvement in crime and violence. The percent of juvenile offenders who started as truants is even higher, approaching 95 percent. Truancy is different from school phobia, in which a child fails to attend school because of anxiety.

The No Child Left Behind Act of the early 2000s requires school districts to report truancy, so national numbers were expected to become available. Boys and girls are equally likely to be truant. The average age of truant students is 15 years, but some children begin skipping school as young as 10. There are many reasons why children become truant. These include:

- lack of interest in education and alienation from school
- falling behind academically in school
- fear of violence on the way to school or at school
- alienation from authority
- lax parental supervision
- lack of parental support for education
- drug and alcohol abuse
- working long hours while attending school, resulting in chronic exhaustion
- lack of significant consequences for failure to attend school
- problems at home that require supervising younger children or helping dysfunctional adults

Truancy is not normally an isolated problem in a child's life. The percentage of each activity in not truant children is given in parentheses for comparison.

- all psychiatric disorders: 25.4 percent (6.8 percent)
- oppositional defiant disorder: 9.7 percent (2.3 percent)
- conduct disorder: 14.8 percent (1.6 percent)
- depression: 7.5 percent (1.6 percent)

- conflictual relationships with peers: 16.2 percent (8.7 percent)
- living in poverty: 31.3 percent (19.1 percent)
- single-parent household: 45.9 percent (21.8 percent)
- lax parental supervision: 31.5 percent (6.7 percent)
- mother currently diagnosed as depressed: 11.9 percent (5.5 percent)
- parents teenagers at time of birth: 15.3 percent (8.4 percent)

DELINQUENT

Delinquency is a failure in or neglect of duty or obligation; dereliction; default. Delinquency is a wrongful, illegal, or antisocial behavior. Delinquency is any misdeed, offense, or misdemeanor. The causes for delinquency are

- Poor School Attendance
- Poor Educational Standards
- Violence in the home
- Violence in their social circles
- Peer Pressure
- Socioeconomic Factors
- Substance Abuse

Poor school attendance is one of the top factors contributing to delinquency. School is not only a place to learn and grow; it is also a structured routine that provides children with a goal to accomplish each day. Parental involvement in school work and school based activities has been found to be a very large deterrent for delinquent activities. When an adult is active in the lives of a child, that child is more prone to perform well in school and social surroundings because they know that the adult will see their actions.

If the neighborhood is in which a child lives is violent, the children will have a tendency to be more prone to delinquency. Many people describe this as street survival methods because the child gets into trouble as a way to stay out of trouble from area gang members or violent people. In many cases, when you remove the child from this type of situation, their tendency for delinquent actions is removed.

Juvenile delinquency is more common in poorer neighborhoods. While all neighborhoods are not exempt from delinquent activities, it is believed they happen more in areas where children feel they must commit crimes to prosper.

Substance abuse in a home or by the child is a very common cause for delinquency. Children who are exposed to substance abuse often do not have the necessities they need to thrive and are forced to find these necessities in other ways. Others, who become dependent on a substance may also need to commit crimes to sustain their habit.

DRUG ADDICTS

Addiction is a psychological and physical inability to stop consuming a chemical, drug, activity, or substance, even though it is causing psychological and physical harm. The primary indications of addiction are:

- uncontrollably seeking drugs
- uncontrollably engaging in harmful levels of habit-forming behavior
- neglecting or losing interest in activities that do not involve the harmful substance or behavior
- relationship difficulties, which often involve lashing out at people who identify the dependency

Educational programmes work to boost protective factors and eliminate or reduce risk factors for drug use. The programs are designed for various ages and can be used in individual or group settings, such as the school and home. There are three types of programs:

- ❖ Universal programs address risk and protective factors common to all children in a given setting, such as a school or community.
- ❖ Selective programs are for groups of children and teens who have specific factors that put them at increased risk of drug use.
- ❖ Indicated programs are designed for youth who have already started using drugs.

Check your Progress

3. List some emotional disorders.
4. List some primary indications for drug addicts.

2.4 ANSWERS TO CHECK YOUR PROGRESS

1. Slow learners are to be identified by employing various procedures and using various tools and techniques. These are as follows:

1. Day-to-day observation of classroom behaviour of children by the teacher.

2. Assessment of children's performance in specific subjects based on the Cumulative Record Card or school marks.

3. Opinion of parents about the child's progress and difficulties in learning various subjects, doing homework, his language difficulties, emotional problems, illness, injuries and physical defects and problems.

4. Measures of intellectual ability or IQ scores.

5. Competence-based tests and diagnostic tests in various subjects.

2. Some of the educational programmes suggested for children with learning disabled are

- direct instruction;
- learning strategy instruction; and
- using a sequential, simultaneous structured multi-sensory approach
- break learning into small steps
- model instructional practices that they want students to follow
- Frequent spelling errors, inconsistent spelling, letter reversal
- Difficulty copying from board or overhead
- Poorly formed letters, difficulty with spacing, capitals, and punctuation

3. Several such emotional disorders in children are broadly categorized into
    - ✓ conduct disorders,
    - ✓ emotional disturbances,
    - ✓ personality disorders,
    - ✓ anxiety disorders, and so on.
4. The primary indications of addiction are:
    - uncontrollably seeking drugs
    - uncontrollably engaging in harmful levels of habit-forming behavior
    - neglecting or losing interest in activities that do not involve the harmful substance or behavior
    - hiding substances or behaviors and otherwise exercising secrecy, for example, by refusing to explain injuries that occurred while under the influence

2.5 SUMMARY

The term 'backward' or 'slow learner' is reserved for these children who are not coping with the work normally expected of their age group (Bun, 1937) or whose scholastic performance is below the average expected of their age group (Kirman, 1975). The teacher needs to emphasize the concrete and the specific with regard to the problems and materials. Instruction should be directed towards satisfying those needs that are more immediate and more easily recognised and identified. Slow learners should be given more time, attention and guidance by the teacher until they reach the expected average standard. Instruction should be less dependent on conventional printed materials. Out-of-school resources like the field trip should be used more frequently.

Actively involve individuals, pairs and groups, use methods that encourage active participation including use of problems, case studies, role-play, props, story, visual or electronic aids to help, construct meanings in a variety of group situations and immerse the activity in structured

language exchange are some of the educational programmes for under achievers.

Children with learning disabilities may have difficulty reading, writing, spelling, and reasoning, recalling and/or organizing information if left to figure things out by themselves or if taught in conventional ways. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction, and may occur across the life span. Delinquency is a wrongful, illegal, or antisocial behavior. Delinquency is any misdeed, offense, or misdemeanor. Addiction is a psychological and physical inability to stop consuming a chemical, drug, activity, or substance, even though it is causing psychological and physical harm.

2.6 KEYWORDS

Trauma - A child could have gone through a trauma in the past which is causing a delay in his development. It is now widely accepted that trauma of any nature – be it physical, psychological or emotional – can have the same impact on children.

Rewards - As with any child, a slow learning child will be motivated to stay the course and learn as much as possible if there is a reward at the end of it.

Rebellion: rebellion against authority, particularly school authority provides another mechanism to protect the underachiever.

Dyslexia – a language-based disability in which a person has trouble understanding written words. It may also be referred to as reading disability or reading disorder.

Dyscalculia – a mathematical disability in which a person has a difficult time solving arithmetic problems and grasping math concepts.

Dysgraphia – a writing disability in which a person finds it hard to form letters or write within a defined space.

Auditory and Visual Processing Disorders – sensory disabilities in which a person has difficulty understanding language despite normal hearing and vision.

Nonverbal Learning Disabilities – a neurological disorder which originates in the right hemisphere of the brain, causing problems with visual-spatial, intuitive, organizational, evaluative and holistic processing functions.

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UNIT III – SPECIAL EDUCATION

Structure

3.0 INTRODUCTION

In this unit, you will learn about objectives, principles and scope of special education in India. In this unit, we will discuss on problems and issues of special education in India. Finally, we discuss about historical perspective of special education in India.

3.1 OBJECTIVES

After going through this unit, you will be able to

- Know the objectives, principles and scope of special education in India
- Understand the problems and issues of special education in India and
- Know the historical perspective of special education in India.

3.2 OBJECTIVES, PRINCIPLES AND SCOPE OF SPECIAL EDUCATION IN INDIA

OBJECTIVES OF SPECIAL EDUCATION IN INDIA

The objectives of Rehabilitation Council of India are

- To make the life of disabled people fruitful by involving them in main stream education with proper resources.to make positive early impact of secondary education and to provide job and career opportunities for disabled
- To regulate the training policies and programmes in the field of rehabilitation of persons with disabilities
- To bring about standardization of training courses for professionals dealing with persons with disabilities
- To prescribe minimum standards of education and training of various categories of professionals/ personnel dealing with people with disabilities
- To regulate these standards in all training institutions uniformly throughout the country
- To recognize institutions/ organizations/ universities running master's degree/ bachelor's degree/ P.G. Diploma/ Diploma/ Certificate courses in the field of rehabilitation of persons with disabilities
- To recognize degree/diploma/certificate awarded by foreign universities/ institutions on reciprocal basis
- To promote research in Rehabilitation and Special Education
- To maintain Central Rehabilitation Register for registration of professionals/ personnel
- To collect information on a regular basis on education and training in the field of rehabilitation of people with disabilities from institutions in India and abroad

PRINCIPLES OF SPECIAL EDUCATION IN INDIA

The principles of Special Education in India are

- Zero reject
- Nondiscriminatory identification and evaluation
- Free, appropriate public education
- Least Restrictive Environment (LRE)
- Due Process Safeguard
- Parents and Students Participation

SCOPE OF SPECIAL EDUCATION IN INDIA

- Provide a free appropriate educational program and as necessary, related services for each child with a disability requiring special education, from age three through twenty-one years.
- Provide activities that foster social development and, to the maximum extent possible, assimilation into regular school and community activities.
- Provide the child with related services such as transportation, occupational, physical therapy and psychotherapy
- Encourages the special students having the possibility of bright future.
- Helps special students independent living.
- Facilitate academic progress
- Teach life skills
- Teach behavior that is appropriate and acceptable by society

Check your Progress

1. List some objectives of Special Education
2. What are the scope of special education for students with special needs?

3.3 PROBLEMS AND ISSUES OF SPECIAL EDUCATION IN INDIA

The problems and issues of Special Education in India are

1. Early Intervention and Prevention
2. Technology
3. Transition Planning
4. Teacher Licensure

1. Early Intervention and Prevention

Traditionally, early intervention has referred to steps taken when children are in the birth to five-year-old ago range. However, there is increasing focus on providing early intervention to students as symptoms of any kind of disability begins to manifest. So, when we speak of early intervention and prevention here, we could be talking about early childhood intervention, but we also need to consider interventions for older students. Think about early intervention and prevention as targeting symptoms at the onset of the abnormal behavior, no matter what age the student is. Recognizing concerning academic and social behaviors early and then quickly providing supports and tools to address them can lessen or even negate the need for more involved interventions later.

2. Technology

Innovative educators, as well as developers, are attempting to create and use technology to level the playing field and provide opportunities to students that they might not have had before. Technology has the potential to provide a bridge for special education students and instructors, allowing educators to customize materials for unique needs and drive personalized instruction. Already, it has transformed special education instruction by enhancing individual learning opportunities and enabling greater flexibility and personalization. However, to be comfortable using different technologies to their fullest potential, teachers need more comprehensive and ongoing professional development opportunities.

By using existing technology in new and alternative ways, special education teachers can help offer students more ways to be successful.

Creative approaches to instruction and differentiation for individual learning styles are especially important in order to achieve success.

3. Transition Planning

Revisions to the Individuals with Disabilities Education Act (IDEA) have added mandates related to transitions from early intervention programs to preschool programs and from school to work for students in special education programs. One mandate requires transition-planning conferences for infants and toddlers in early intervention programs transitioning to preschool programs. Another mandate calls for a statement of needed services for the transition from high school to higher education or employment in every student's Individualized Education Program (IEP). Other forms of transition planning, such as addressing the move from middle school to high school or from a self-contained or restrictive environment to a less restrictive environment, are also becoming common.

4. Teacher Licensure

There is a shortage of teachers across the country, and in some states, it's becoming a critical shortage. Teachers of special education are in especially short supply. Reasons for this shortage are varied, but they include lower enrollments in teacher training programs specific to special education and an alarmingly high exit rate for special education teachers.

Because of the significant and growing need for teachers, alternative licensure programs have evolved. While these programs can help place more teachers in the classroom, some professionals question their quality and the preparedness of these newly licensed teachers who they certify.

Compounding both the issues of special education teacher shortage and licensure, there are grumblings in the higher education world to do away with a degree in special education and instead fold it into general education programs. Supporters of this initiative use an extension of the non-categorical licensure argument that all teachers should be prepared to meet widely varying student needs.

5. Placement

In the full-inclusion model, all students—regardless of an identified disability, health needs, academic ability, unique service needs, and potentially, the preference of a parent or student—are educated full-time in a general education classroom in their neighborhood school. Typically, general education and special education teachers work together in the same classroom, and in some cases, specialists like occupational or speech therapists work within the classroom environment as well. Proponents of this model believe that pulling a child out of the classroom is unequal and deprives all students of valuable learning opportunities. They focus on the value of social interaction and argue that the benefits of a full-inclusion classroom extend to both general and special education students.

On the other side of the debate, proponents of a continuum of alternative placements call for more emphasis to be placed on differentiation on a child-by-child basis. This is the model officially mandated by IDEA, with six generally recognized placements:

- full-time in a general education classroom
- part-time in a special education resource room
- full-time in a special education self-contained classroom
- in a separate special education school
- at a residential facility
- homebound or in a hospital

Inside one of these six placements is the least restrictive environment for a special education student, where he or she will be best able to achieve academic gains and success. This continuum agrees that full-time placement in general education is appropriate and beneficial for many students but not all. Instead, each child should be evaluated and placed individually. Proponents believe that it is unconscionable and illegal to view placement as a universal issue and place every child in the exact same environment without investigating his or her unique needs.

Check your Progress

3. How technology is one of the issues of special education in India?
4. What are the six placements mandated by IDEA?

3.4 HISTORICAL PERSPECTIVE OF SPECIAL EDUCATION IN INDIA

In India special education as a separate system of education for disabled children outside the mainstream education system evolved way back in 1880s. The first school for the deaf was established in Bombay in 1883 and the first school for the blind at Amritsar in 1887. In 1947, the number of schools for blind increased to 32, for the deaf to 30 and for mentally retarded to 3. The number of special schools rose to around 3000 by the year 2000 (Department of Education, 2000). The Govt. of India designed a scheme of preparing teachers for teaching children with visual impairment and other disabilities. However, the quality of the trained teachers was in question because of lack of uniform syllabi of various courses and also due to large extent of non-availability of teacher educators and literatures in the field. In 1980s the then ministry of Welfare, Govt. of India, realized the crucial need of an institution to monitor and regulate the HRD programmes in the field of disability rehabilitation.

The Constitution of India (26 November, 1949), clearly states in the Preamble regarding 'the right to equality of status and of opportunity and to promote among them all'. The Article 41 of the Directive Principles of the Indian Constitution supports the right to work, education and public assistance in certain cases including disablement. Further, Article 45 commits to the provision of free and compulsory education for all children up to the age of 14 years. By the Constitutional amendment (86th Amendment) the Act 2002 has been enacted by the parliament making education a fundamental right of all children in the age group of 6-14 years. Moreover the 93rd Amendment to the Constitution of India (now

renumbered as the 86th), passed by the Lok Sabha on November 28, 2001, makes it mandatory for the government to provide free and compulsory education to "all children of the age of 6-14 years", with its preamble clarifying that "all" includes children with disabilities as well. The National Policy on Education, 1986 (NPE, 1986), and the Programme of Action (1992) stresses the need for integrating children with special needs with other groups.

More than half-a-century ago in 1948, the Universal Declaration of Human Rights was adopted by the United Nations General Assembly. In 1975, the same body adopted the Declaration on the Rights of Disabled Persons. Many important Conventions, Declarations and Action Plans have been either ratified, acceded to, or accepted by governments and international and national non- governmental organizations. Those which related directly to "Education for All", particularly disabled children, are The Convention on the Rights of the Child, 1989, United Nations Economic and Social Commission for Asia – Pacific (UNESCAP) Report in 1999 on "Education for Children and Youth with Disabilities into the 21st Century". The World Declaration on Education for All and its Framework for Action to meet Basic Learning Needs, 1990, Article 3, Clause 5, states "the learning needs of the disabled demand special attention. Steps need to be taken to provide equal access to education to every category of disabled persons as an integral part of the education system". The Declaration and Framework were accepted with the year 2000 as the target for completion.

The Indian Education Commission (1964-66) was the first statutory body to suggest that the education of handicapped children has to be organized not merely on humanitarian grounds, but also on grounds of utility. The Commission also emphasized that the education of children with disabilities should be "an inseparable part of the general education system". At the time when the Commission made its recommendations there were less than 250 special schools in India. The Commission set the following targets to be achieved by 1986: education for about 15 percent of the blind, the deaf and orthopedic ally handicapped and 5 percent of the

mentally retarded. The commission also specifically emphasized the importance of integrated education in meeting this target as it is cost-effective and useful in developing mutual understanding between children with and without disabilities.

Integrated Education for Disabled Children (IEDC, 1974): In 1974, the Ministry of Social Justice and Employment, Government of India, initiated the IEDC program to promote the integration of students with mild to moderate disabilities into regular schools. Children were to be provided financial support for books, stationary, transport, special equipment and aides. The governments were provided 50 percent financial assistance to implement this program in regular schools.

National Policy on Education (NPE, 1986-92): In 1986, the Indian Government formulated the National Policy on Education for all government schools and articulated a need to integrate students with disabilities. It emphasized that whenever feasible, the education of children with motor handicapped and other mild disabilities should be provided in regular schools. It also emphasized the need to restructure primary teacher training programs to prepare teachers to deal with the special difficulties of children with disabilities.

Project Integrated Education for the Disabled (PIED, 1987): In 1987, the Ministry of Human Resource development (MHRD) in association with UNICEF and the National Council for Educational Research and Training (NCERT) undertook "Project Integrated Education for the Disabled" (PIED). The aim of the project was to strengthen the implementation of the IEDC scheme.

District Primary Education Program (DPEP, 1994): A centrally sponsored scheme, the District Primary Education Program aims to reduce the overall dropout rates of all students enrolled in primary classes, to raise their achievement levels and to provide primary education for all children, including children with disabilities. This is probably the largest program of the central government in teams of funding.

The Persons with Disabilities Act (PWD Act, 1995): A close examination of the national initiative discussed so far indicates that

although the Indian Government had made several attempts to implementation integrated education programs; it lacked a firm commitment to promote integration. This was largely because the Indian Government had considered provision for children with disabilities to be a welfare issue rather than an educational imperative. The PWD Act proposed the provision of improved educational services, medical care vocational training, employment, and social security for all persons with disabilities. The Act stated that whenever possible, students with disabilities should be educated in regular school settings.

Both full-fledged inclusive education programs and quasi-inclusive program are being practiced in various forms by different organizations in India. At present, at least 7 implementing strategies of inclusive education are observed in India. They are listed as follows:

- Resource models where children with disabilities study in general school and stay in hostels meant for non-disabled children.
- Resource models where children with disabilities study in general schools and stay with parents at home.
- Semi-resource models or cooperative models where children with disabilities are taught only by the resource teacher in a separate class in a general school.
- Itinerant model where a resource teacher visits the child in his /her local school and the child stays with parents.
- Multi- category resource model where disabled children of different kinds are educated in a general school by the regular teachers and a particular locality.
- Multi- category itinerant model where one special teacher attend to the needs of disabled children of different categories in a particular locality.

Check your Progress

5. State the Persons with Disabilities Act (PWD Act, 1995)

3.5 ANSWERS TO CHECK YOUR PROGRESS

1. The objectives of Rehabilitation Council of India are

- ❖ To make the life of disabled people fruitful by involving them in main stream education with proper resources.to make positive early impact of secondary education and to provide job and career opportunities for disabled
- ❖ To regulate the training policies and programmes in the field of rehabilitation of persons with disabilities
- ❖ To bring about standardization of training courses for professionals dealing with persons with disabilities
- ❖ To prescribe minimum standards of education and training of various categories of professionals/ personnel dealing with people with disabilities
- ❖ To regulate these standards in all training institutions uniformly throughout the country
- ❖ To recognize institutions/ organizations/ universities running master's degree/ bachelor's degree/ P.G. Diploma/ Diploma/ Certificate courses in the field of rehabilitation of persons with disabilities

2.

- ❖ Provide a free appropriate educational program and as necessary, related services for each child with a disability requiring special education, from age three through twenty-one years.
- ❖ Provide activities that foster social development and, to the maximum extent possible, assimilation into regular school and community activities.
- ❖ Provide the child with related services such as transportation, occupational, physical therapy and psychotherapy

3. Technology has the potential to provide a bridge for special education students and instructors, allowing educators to customize materials for unique needs and drive personalized instruction. Already, it has

transformed special education instruction by enhancing individual learning opportunities and enabling greater flexibility and personalization. However, to be comfortable using different technologies to their fullest potential, teachers need more comprehensive and ongoing professional development opportunities.

4. Six placements mandated by IDEA are

- full-time in a general education classroom
- part-time in a special education resource room
- full-time in a special education self-contained classroom
- in a separate special education school
- at a residential facility
- homebound or in a hospital

5. The Persons with Disabilities Act (PWD Act, 1995): A close examination of the national initiative discussed so far indicates that although the Indian Government had made several attempts to implementation integrated education programs; it lacked a firm commitment to promote integration. This was largely because the Indian Government had considered provision for children with disabilities to be a welfare issue rather than an educational imperative. The PWD Act proposed the provision of improved educational services, medical care vocational training, employment, and social security for all persons with disabilities. The Act stated that whenever possible, students with disabilities should be educated in regular school settings.

3.6 SUMMARY

To recognize institutions/ organizations/ universities running master's degree/ bachelor's degree/ P.G. Diploma/ Diploma/ Certificate courses in the field of rehabilitation of persons with disabilities, To recognize degree/diploma/certificate awarded by foreign universities/ institutions on reciprocal basis and To promote research in Rehabilitation and Special Education are some of the objectives of special education in India. The

principles of Special Education in India are Zero reject, Nondiscriminatory identification and evaluation and Free, appropriate public education. Encourages the special students having the possibility of bright future, Helps special students independent living, Facilitate academic progress and Teach life skills are some of the scope of special education in India.

The problems and issues of Special Education in India are Early Intervention and Prevention, Technology, Transition Planning and Teacher Licensure. Each child should be evaluated and placed individually. Proponents believe that it is unconscionable and illegal to view placement as a universal issue and place every child in the exact same environment without investigating his or her unique needs. An ideal inclusive education concept aims at facilitating total integration of the child in the community. The upcoming inclusive education programs in India are avoiding separation of children with disabilities from their families for the purpose of education.

3.7 KEYWORDS

LRE - Least Restrictive Environment

IDEA - Individuals with Disabilities Education Act

IEP - Individualized Education Program

WIOA - Workforce Innovation and Opportunity Act

IEDC - Integrated Education for Disabled Children

NPE - National Policy on Education

PIED - Project Integrated Education for the Disabled

MHRD - Ministry of Human Resource development

NCERT - National Council for Educational Research and Training

DPEP - District Primary Education Program

PWD - Persons with Disabilities Act

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UNIT IV – EDUCATIONAL INTERVENTION

Structure

4.0 INTRODUCTION

In this unit, you will learn about meaning and type of educational interventions. In this unit, we will discuss on educational programmes and their trends. We will also acquire knowledge on mainstreaming, segregated and integrated to inclusive. Finally, we will discuss about administration of special education.

4.1 OBJECTIVES

After going through this unit, you will be able to

- Know the meaning and type of educational interventions
- Understand the educational programmes and their trends
- Able to analyze the concept of mainstreaming, segregated and integrated to inclusive and
- Ability to discuss the administration of special education.

4.2 MEANING AND TYPE OF EDUCATIONAL INTERVENTIONS

An educational intervention is a specific program or set of steps to help a child improve in an area of need. Kids can have many different types of needs. If a child is having behavior concerns, a school may offer a behavioral intervention, such as positive behavioral interventions and supports (PBIS) or a behavior contract. For subjects like reading or math, there are instructional interventions. Instructional interventions have some key elements:

- They're intentional, meaning they're aimed at a particular weakness.
- They're specific and formalized. An intervention lasts a certain number of weeks or months and is reviewed at set intervals.
- They're set up this way so you and the school can monitor your child's progress with an intervention.

Educational interventions are formalized, but they can be flexible too. The process of using more and more intense interventions is the basis for response to intervention (RTI). An academic intervention is not an accommodation. While an accommodation can also be made for any student, it does not alter what the student is expected to learn. An accommodation makes learning accessible to the student and allows the student to show what they know (Gennerman, 2014). Academic interventions might include helping a student with organizing their notebook. An intervention also might be working with students on time management skills or consistently submitting homework assignments. Study strategies, note-taking skills and using weekly agendas are also items that fall into the category of academic interventions.

Types of intervention

LITERACY BASED INTERVENTIONS

Morning Reading:

Identified pupils work individually with LSAs on a structured reading programme, concentrating both on fluency and comprehension. Pupils are

also encouraged to take appropriately levelled books home to read with parents/ care takers. Pupils are regular assessed to monitor progress.

Word Attack:

Structured programme to assist dyslexic pupils with spelling. Pupils work individually or in pairs with a LSA once a week before school and during morning registration until the programme is successfully completed.

Fresh Start:

A module based phonics programme devised by Ruth Miskin, this is a follow on programme from Read, Write, Inc. currently used in many of our feeder primaries. Pupils complete a baseline assessment and enter the programme at an appropriate level and then work through the varied activities until completion.

Talk Boost:

Aimed at pupils with speech and language or processing difficulties. A variety of activities and hands on resources encourage language and give pupils the opportunity to develop their vocabulary and structure their thoughts into verbal responses.

SOCIAL AND EMOTIONAL INTERVENTIONS

Phoenix Group:

This is a nurture group that supports pupils in year 7 and continues throughout the year to the end of Year 8 as needed. They meet for morning registration and period 1 on a Monday and period 4 or 5 on a Friday. Pupils are invited to the group following identification at transition meetings with their primary schools. Pupils are referred for a range of reasons; they may be particularly anxious about transition or attending school generally, have experienced a personal or family trauma, have social or communication difficulties. Activities encourage confidence, listening, turn-taking, speech and language, social skills, working as a team, personal safety and independence skills. By meeting at the beginning and end of the week pupils are able to offload any concerns before the weekend or starting their week.

Keyworker:

Pupils can also request a meeting with their keyworker through the SENCo. For some pupils with identified needs they may meet with their keyworker weekly or fortnightly working on an individualised plan of support. Minutes of all meetings are passed to the SENCo to monitor and we are happy to liaise with parents to support the needs of the pupil. Any issues causing concern around the personal safety of the pupil or others would be passed to the Child Protection officer within the school in line with school policy on safeguarding pupils.

SHORT TERM INTERVENTIONS

Self-esteem:

Pupils work in small groups of approximately 6 for six one hour sessions over six weeks, led by two LSAs to boost self-esteem and share in activities that work on assertiveness, coping with peer group pressure and having strategies to fall back on once the group has finished to feel more confident about themselves in the difficult journey through adolescence.

Friendship skills:

Some pupils find the skills of maintaining friendships difficult to master, they may make friends easily but not have the necessary skills to repair them, assert themselves within a friendship group or fully empathise with other's viewpoints leading to misunderstandings.

Lego Therapy:

This exciting intervention encourages 2 or 3 pupils to work together to develop speech and language, team building, processing and active listening skills and fine motor skills. This intervention would be aimed at clearly identified pupils. Lego is also used as a support tool in keyworker meetings at times for pupils finding face to face contact difficult e.g. those on the Autism Spectrum or with high levels of anxiety.

Girl's Group:

The focus of the group is to target improving self-esteem, confidence and covers body image, healthy lifestyles, staying safe and assertiveness amongst others through activities and discussion. The group runs once a

week for an hour usually for approx. 6-8 weeks. It runs throughout the year with a group size of approximately 8 pupils.

Boy's Group

The focus of the group will be, amongst other things, targeting dealing with feelings of anger, dealing with authority, understanding choices and consequences of actions, bullying – both as victim and perpetrator through a range of activities and discussion. This group runs once a week for an hour usually for approx.8-10 weeks. It runs throughout the year with a group size of approximately 8 pupils.

Supply-side interventions

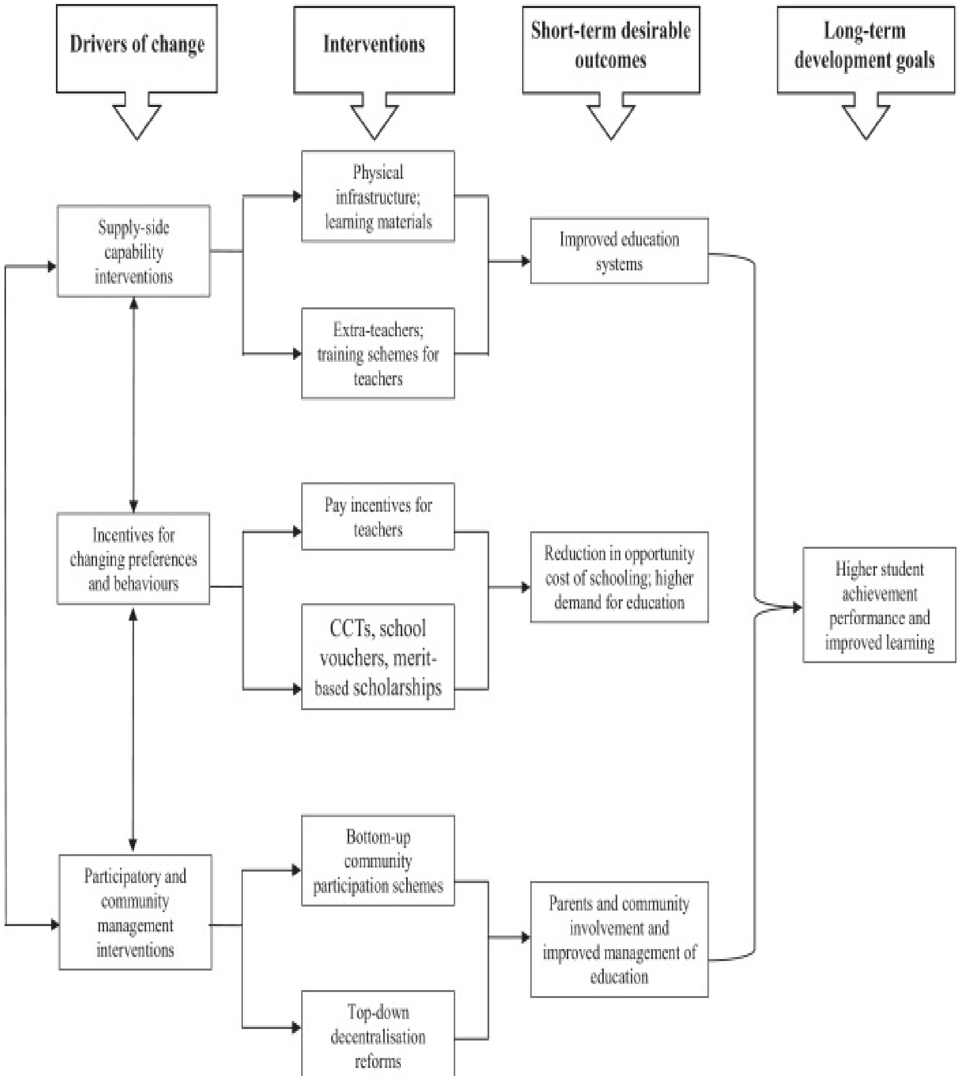
These aim to raise student achievements by targeting infrastructure or organizational deficiencies through, for example, improving physical infrastructure, providing teaching materials, and training and hiring extra teachers.

Behavioural interventions

These interventions use incentives to influence behaviour and intertemporal preferences of teachers, households, and students. Incentives for teachers seek to improve the quality of teaching, whereas incentives for students and parents are concerned more with behaviours and preferences that affect the demand for and utilization of education services.

PARTICIPATORY AND COMMUNITY MANAGEMENT INTERVENTIONS

These are usually implemented through decentralization reforms, knowledge diffusion, and increased community participation in the management of education systems.



Overall, the main conclusion is that interventions are more effective at improving student performance and learning when social norms and intertemporal choices are factored in the design of education policies, and when two or more drivers of change are combined. Thus, supply-side interventions alone are less effective than when complemented by community participation or incentives that shift preferences and behaviours.

Check your Progress

1. What is Educational Interventions?
2. How friendship skill used as educational intervention?

4.3 EDUCATIONAL PROGRAMMES AND THEIR TRENDS

Educators, administrators, and those in higher education who are committed to ensuring quality experiences for students across the ages (and for new growth opportunities for themselves too) should be excited for the year ahead. Opportunities to develop programs for Career & Technical Education (CTE) and associated high-quality apprenticeships and best practices will emerge; e.g., health, automotive, and mechatronics programs. The education field will need to carefully balance early career opportunities in these fields with program features that set students up for long-term success as fields evolve over time.

Opportunities for practicing teachers to participate in residency-based preparation programs for pre-service teachers will continue to grow, including the use of the gradual release model in teacher preparation clinical experiences. Residencies are commonly designed to support areas of high need (secondary math and science, special education) that result from extensive teacher turnover, particularly in major city school districts. Teachers and school leaders will see opportunities to become trained mentors and leaders in providing induction programs with mentoring and support through the early years of an educator's career in both the teaching and school principal professions.

Information on building the skills of paraprofessionals who work alongside teachers in classrooms will really develop. Finding creative ways to embed professional development opportunities within and throughout the school day and year will continue to be a goal for districts around the country.

Leveraging technology in education will be of paramount interest to teachers and educators; e.g., Flipgrid, a video discussion platform is being employed with young children in schools. It is amazing how quickly young children engage and embrace learning with the opportunity to incorporate technology into their practice. Tools that foster oral, audio, and written skills are of interest to young learners and allow them to express themselves beyond the capacity of their writing abilities.

Interest in information on trauma-informed practices will continue to increase across education as teachers and other education professionals seek resources for responding to traumatic events that affect children of all ages. Studies show that 25% of children under the age of 16 have experienced trauma in their lives. Children bring their lives with them to school, and schools and teachers are learning to adapt classroom management strategies, instructional supports, and school climate to support children who have experienced trauma to help them build their resilience over time.

Educators will need to adopt more inclusive practices in education—practices designed to enable a child with a disability to be involved in, and make progress in, the general education curriculum. Inclusive education is not a new concept, but educators continue to progress in their knowledge about effective ways to support students with a wide range of needs in the least restrictive environment possible.

There will be a continued focus on student achievement and its connection to school/teacher evaluation systems. There are many thoughts on the validity of assessments as linked to teacher or school evaluation, and this is a conversation that will continue for a long time!

Career pathways for teachers that build on exemplary classroom practice will be highlighted; e.g., mentoring skills, teacher leadership roles. These roles honor the capacities of teachers while building on their expertise to support curriculum, instruction, and new teacher growth in schools.

The education sector has seen some fairly interesting trends emerge over the last year. These trends are the beginning and not the end of changes which are vitally important to the industry developing into something that can truly delivery quality education in a sustainable way to a large volume of aspirant students.

India also is seeing this move, with a lot of distance learning education moving online to reach more and more aspiring students. Obviously there is a quality issue here to get over, but this is something

which given the rise in availability of faster mobile networks coming across the country soon, will surely rise.

More and more of the secondary boards of education in India are turning to applications on tablets to aid learning and many schools in the larger cities are mandating students bring a connected device with them to school everyday from class 5 or 6. Gamification is arising in learning environments as well. It has long been held that students respond better to an environment where they can play games and learn side by side. This makes the course individual for students as well as unleashes a certain competitive nature within students which even the most inert pupil has and making it work to the teacher's advantage.

The setup of the National Skill Development Council, which is looking at more skilled based education across sectors is also a good initiative but yet lacks the proper guidance in some crucial areas. The need for industry to get involved with education at the higher learning level is vital and its good to see the government try to push this forward in a timely manner.

ARTIFICIAL INTELLIGENCE

The integration of Artificial Intelligence (AI) technologies in education shows no signs of slowing down. While the recent years we have seen AI being used for developing virtual teaching assistants and personalizing learning for a student, as the technology evolves and becomes more commercially viable, we will see AI penetrating other areas in education sector like:

AI Driven Assessment:

Artificial intelligence-based assessment provides constant feedback to teachers, students and parents about how the student learns, the support they need and the progress they are making towards their learning goals.

Remote Exam Proctoring and classrooms:

The system can track and monitor remote use using advanced video, image, audio streaming with the intelligence to do analyze if a student is

cheating. Remote classrooms will enable students in far corners of the world to attend a class in a school or university in countries.



Augmented Analytics

As the world becomes more data driven, AI driven analytics will become a critical tool to improve education and make the institutions more competitive. Descriptive and Predictive analytics will assist in crucial areas like reducing drop-out rates, proactive tutoring, timely intervention for at risk students, understanding content quality issues and content consumption patterns.

IMMERSIVE EXPERIENTIAL LEARNING

As private players involve in developing mixed reality tools like Microsoft’s HoloLens, Google Expedition and Windows 10’s mixed reality viewer, the lines between real and virtual worlds will blur and the way educators and students engage with content will significantly change. With 5G technologies on the horizon promising lower latency and more robust connectivity, the quality of these tools will continue to grow, expanding their potential to supplement school and higher education.

STEAM

Over the last decade, STEM Education (learning of science, technology, engineering and mathematics in an interdisciplinary or integrated approach) has become an integral part of schools curriculum to develop future workforce who will lead in innovation and technology. But this led to downplaying of other disciplines like art and creativity. Over the past few years, the STEM to STEAM movement has been taking root and encourages including "Arts" into STEM to truly meet the needs of a 21st century economy. School administration will need to create an environment that supports successful infusion of STEAM by investing in Smart Spaces and teacher training. There will be an increased focus on producing STEAM starter kits to accelerate design thinking and logic.

PERSONALISED LEARNING

Personalized Learning has been in the education sector trends for many years now and its popularity keeps growing. But in 2019, we will see increased integration across the globe of personalized learning. EdTech and AI technology has evolved more to cater to personalized learning styles and diverse individual needs. Assistive technologies will enable students with learning disabilities to have personal learning experiences and continue mainstream education.

COST MANAGEMENT

With the increased adoption of EdTech in schools and universities across the world, the school administration will have to strategize and plan their investments accordingly.

Cloud Based Technologies

Education organisations will aim to leverage benefits of cloud based technologies to drive cost savings and operational efficiencies through shared services initiatives.

Block Chain Technology

Education sector will look towards utilizing block chain technology to cut paper and printing costs by digitally storing student certificates and diplomas, cost and labor savings by transferring the control of storing

personal data to the applicants, litigation cost savings due to loss of documents and damage.

Edge Computing

As schools integrate new tools like AR headsets or connected classroom devices, the demand for computing power and hence cost will go up and this will bring in another aspect called Edge computing. This takes information processing and brings it closer to the source by using edge devices instead of sending information to and from a centralized cloud. AI will assist in diversifying the kind of devices that will act as edge endpoints.

ONLINE EDUCATION

According to KPMG and Google study, it is predicted that online education in India is likely to be 2 Billion USD industry by 2021. With MOOCs and e-learning platforms offering reasonably priced certified courses developing in profusion, governments getting involved in recognizing e-learning programs and the rise in validity of digital certificates offered by these organizations, online learning will continue to see an increased adoption in 2019.

WELLNESS PROGRAMS

Schools will invest more in developing and evolving wellness programs within premises to tackle issues like absenteeism, stress and anxiety related disorders and learning disabilities. There is more awareness of physical, emotional and spiritual health impacting learning outcomes and this had led to increased focus on conducting mindfulness and meditation programs for students and educators. There will be increased collaboration between schools and wellness experts to conduct life skills training and keeping the children calm and focused.

CONTINUOUS LEARNING PROGRAMS FOR TEACHERS

In India, schools are investing up to 20% of their budget on teacher and administrator training. Proving continuing education is a great strategy for Teacher retention and career advancement. The infusion of AI and technology will require the teachers to be equipped with latest knowledge,

tools and guidelines on ‘how to deal with the changes’ and educate effectively.

Career Oriented Approach

Educational institutes are more focused now to prepare their students for the job market. Most of the students prefer schools and universities that are associated with specific disciplines. There are business schools for people who want to make it big in the corporate world and fine arts colleges for people who want to explore new dimensions through the medium of art.

Activity-Based Learning

Students are encouraged to contribute to learning process through participation in different activities. Role-playing, case studies, projects, presentations and several other tools are used to make the education process interactive and productive. In higher level studies, role of instructor is also changing from that of an authority in knowledge to a facilitator for students who promotes seminar-like environment in the classroom.

Changing Patterns in Student Assessment and Evaluation

Many new trends are introduced for assessing the performance of students and evaluating their level of knowledge and skill attainment. From classroom assessment to grading system for exams, everything has become more transparent and error-free because of the use of technology. Computer-based assessment is encouraged in most parts of the world, which saves a lot of time and effort. Students also appreciate new patterns of evaluation, as they guarantee them fool-proof results.

Growing Trend of Online Learning

The success story of online education is a significant example as it is serving the people from various different backgrounds. Online education is preferred because of its extendibility and expediency. It allows learners to set their own study time and duration without compromising on their present commitments. Online learning is cost effective and it carries great worth for jobseekers.

Check your Progress

3. Give details about block chain technology.
4. Explain STEAM.

4.4 CONCEPTS OF MAINSTREAMING, SEGREGATED, INTEGRATED TO INCLUSIVE

Mainstreaming, in the context of education, is the practice of placing students with special education services in a general education classroom during specific time periods based on their skills. These students may attend art or physical education in the regular education classrooms. Sometimes these students will attend math and science in a self-contained special education classroom, but attend English in a general education classroom. Schools that practice mainstreaming believe that students with special needs who cannot function in a general education classroom to a certain extent belong in the special education environment.

Exclusion happens when students with disabilities are not permitted to register to attend a school, or when they register but are told not to come to school or when there are conditions placed on their attendance. Sometimes, students are registered but told they will receive their education from a teacher who will visit them at home – so effectively they are still excluded from school.

Segregation occurs when students with disabilities are educated in separate environments (classes or schools) designed for students with impairments or with a particular impairment. Segregation is most blatant when students with disabilities are forced to go to a school only for students with disabilities, but it also happens when students are educated in separate classes in a regular school. These are sometimes called resource classes.

Integrated education is the educational programme in which exceptional children attended classes with normal children on either a part or full time basis. It is placement of disabled children in ordinary schools

with some specialized educational help and services. The concept of integrated education arises as outcome of National Policy of Education, 1986 recommended equal opportunity to all not only for access but also for success. Integration signifies the process of interaction of disabled children with normal children. In the same educational setting,

- It does not create a feeling of differentiation among disabled children.
- It helps to remove inferiority complex among disabled children.
- It provides peer group help in learning from normal children.
- It provides disabled children a chance to enjoy school life with normal children.
- It ensure social integration.
- It inculcates affection, love and respect for disabled children among normal children.
- Disabled or challenged students may get help from peers for learning and get motivated for learning.
- It is less expensive.
- Special infrastructure is not required.

Integration refers to exceptional students being partially taught in a mainstream classroom. Activities are adapted so the student can “fit in” with their mainstream peers while learning skills that may be better practiced in a room with more age-appropriate peers. Integration supports student outcomes that include:

- Improved social skills.
- Exposure to typical classroom structure and curriculum.
- Eased transition to a mainstream class placement.
- Exposure to educational content that is appropriately curated for interest and skill level.

Inclusion involves a transformation of the education system with changes and modifications in content, teaching methods, approaches, structures, strategies, and review mechanisms in place. In an inclusive system, teachers are trained in initial / pre service education and ongoing professional development to respond to different learning styles and

present lessons in different ways so that all students can learn. Resources are available to meet the individual needs of students with disabilities, such as modified curricula and adapted materials. Students with disabilities who have been included in school:

- Are healthier (as inclusion increases so does health)
- Perform better in highly inclusive settings
- Are more likely to look forward to going to school
- Are more likely to be included and participate in their communities after graduation
- Are more likely to have employment and access to recreational activities
- Students with disabilities who have been in the least inclusive settings are more likely to perform worse than those in inclusive settings.

Inclusive Education is about restructuring the cultures, policies and practices in schools so that they respond to the diversity of students in their locality. It has the following characteristics:

- ♦ Inclusive Education acknowledges that all children can learn;
- ♦ Acknowledges and respects differences in children: age, gender, ethnicity, language, disability, HIV and TB status etc.
- ♦ Enables education structures, systems and methodologies to meet the needs of all children;
- ♦ Is part of a wider strategy to promote an inclusive society; and
- ♦ Is a dynamic process that is constantly evolving?

Inclusion in education involves the process of increasing the participating of students in, and reducing their exclusion from, the cultures, curricula and communities of local schools.

➤ Inclusion involves restructuring the cultures, policies and practices in schools so that they respond to the diversity of students in their locality.

➤ Inclusion is concerned with the learning and participation of all students vulnerable to exclusionary pressures not only those with

impairments or those who are categorised 'having special educational needs'.

➤ Inclusion is concerned with improving schools for staff as well as for students.

Benefits to students with disabilities

Higher academic achievement

Mainstreaming has shown to be more academically effective than exclusion practices. Access to a resource room for direct instruction has shown to be effective in increasing students' academic skills and thus increasing the abilities applied by students in a general education setting.

Higher self-esteem

By being included in a regular-paced education setting, students with disabilities have shown to be more confident and display qualities of raised self-efficacy. All students who went to a different school prior to attending a mainstreaming program were asked to fill out an assessment of their old school as compared to inclusion program. Overall, students felt that they were equal to their peers and felt that they should not be treated any differently.

Better social skills

Any kind of inclusion practice, including mainstreaming, allows students with disabilities to learn social skills through observation, gain a better understanding of the world around them, and become a part of the "regular" community. Mainstreaming is particularly beneficial for children with autism and ADHD. By interacting with same-aged non-disabled children, children with autism were observed to be six times more likely to engage in social relations outside of the classroom.

Check your Progress

5. State briefly about inclusion.

4.5 ADMINISTRATION OF SPECIAL EDUCATION

A program that prepares individuals to plan, supervise, and manage programs for exceptional students and their parents. Includes instruction in special education theory and practice, special education program development, evaluation and assessment in special education, state and federal law and regulations, managing individual education plans, problems of low- and high- disability students, mainstreaming, special education curricula, staff management, parent education, communications and community relations, budgeting, and professional standards and ethics.

Special education administrators drive the programs and services provided by their school districts. Strategic planning meetings may cover a range of topics, including development of annual benchmarks, testing and compliance goals, opening and closing classes, program development, enrollment forecasting and compliance issues.

Special education administrators are often responsible for providing support to individual principals and teachers at a single school or group of schools. They visit these schools regularly to troubleshoot issues and to support and mentor teachers and administrators, as well as to offer guidance to help schools and classrooms implement specific individualized education program (IEP) services.

Check your Progress

6. Give some administration process of special education.

4.6 ANSWERS TO CHECK YOUR PROGRESS

1. An educational intervention is a specific program or set of steps to help a child improve in an area of need. Kids can have many different types of needs. If a child is having behavior concerns, a school may offer

a behavioral intervention, such as positive behavioral interventions and supports (PBIS) or a behavior contract.

2. Some pupils find the skills of maintaining friendships difficult to master, they may make friends easily but not have the necessary skills to repair them, assert themselves within a friendship group or fully empathise with other's viewpoints leading to misunderstandings. Sessions aim to cover these main topics but are led by the group members and has a solution focused approach so that pupils are able to manage their feelings after the group has ended and draw upon their own skills.

3. Education sector will look towards utilizing blockchain technology to cut paper and printing costs by digitally storing student certificates and diplomas, cost and labor savings by transferring the control of storing personal data to the applicants, litigation cost savings due to loss of documents and damage.

4. STEM Education (learning of science, technology, engineering and mathematics in an interdisciplinary or integrated approach) has become an integral part of schools curriculum to develop future workforce who will lead in innovation and technology. But this led to downplaying of other disciplines like art and creativity. Over the past few years, the STEM to STEAM movement has been taking root and encourages including "Arts" into STEM to truly meet the needs of a 21st century economy.

5. Inclusion involves a transformation of the education system with changes and modifications in content, teaching methods, approaches, structures, strategies, and review mechanisms in place. Students with disabilities who have been included in school:

- Are healthier (as inclusion increases so does health)
- Perform better in highly inclusive settings
- Are more likely to look forward to going to school
- Are more likely to be included and participate in their communities after graduation
- Are more likely to have employment and access to recreational activities

- Students with disabilities who have been in the least inclusive settings are more likely to perform worse than those in inclusive settings.

6. A program that prepares individuals to plan, supervise, and manage programs for exceptional students and their parents. Includes instruction in special education theory and practice, special education program development, evaluation and assessment in special education, state and federal law and regulations, managing individual education plans, problems of low- and high- disability students, mainstreaming, special education curricula, staff management, parent education, communications and community relations, budgeting, and professional standards and ethics.

4.7 SUMMARY

An academic intervention is not an accommodation. While an accommodation can also be made for any student, it does not alter what the student is expected to learn. Types of intervention are Literacy Based Interventions, Social and Emotional Interventions, Short term Interventions and Participatory and Community Management Interventions.

Teachers and school leaders will see opportunities to become trained mentors and leaders in providing induction programs with mentoring and support through the early years of an educator's career in both the teaching and school principal professions. Programs are available at the school, district, and state level that foster ongoing reflection and mentoring opportunities for early career teachers and administrators.

Personalized Learning has been in the education sector trends for many years now and its popularity keeps growing. STEM Education (learning of science, technology, engineering and mathematics in an interdisciplinary or integrated approach) has become an integral part of schools curriculum to develop future workforce who will lead in innovation and technology.

Education sector will look towards utilizing block chain technology to cut paper and printing costs by digitally storing student certificates and

diplomas, cost and labor savings by transferring the control of storing personal data to the applicants, litigation cost savings due to loss of documents and damage. As schools integrate new tools like AR headsets or connected classroom devices, the demand for computing power and hence cost will go up and this will bring in another aspect called Edge computing.

Students are encouraged to contribute to learning process through participation in different activities. Be it a second grade classroom where knowledge is discovered through a sport or fun quiz, or mock trials at Law schools where students can get real life experience of court proceeding.

Mainstreaming, in the context of education, is the practice of placing students with special education services in a general education classroom during specific time periods based on their skills. Exclusion happens when students with disabilities are not permitted to register to attend a school, or when they register but are told not to come to school or when there are conditions placed on their attendance.

Segregation occurs when students with disabilities are educated in separate environments (classes or schools) designed for students with impairments or with a particular impairment. Integration is placing persons with disabilities in existing mainstream education without changing the system of education delivery. Inclusion involves a transformation of the education system with changes and modifications in content, teaching methods, approaches, structures, strategies, and review mechanisms in place. Special education administrators drive the programs and services provided by their school districts. Strategic planning meetings may cover a range of topics, including development of annual benchmarks, testing and compliance goals, opening and closing classes, program development, enrollment forecasting and compliance issues.

4.8 KEYWORDS

Academic intervention - A strategy used to teach a new skill, build fluency in a skill, or encourage a child to apply an existing skill to new situations or settings.

Personalized Learning – Learning through personalized like assistive technologies. Assistive technologies enable students with learning disabilities to have personal learning experiences and continue mainstream education.

Mainstreaming - Practice of placing students with special education services in a general education classroom during specific time periods based on their skills.

Segregation - Students with disabilities are educated in separate environments (classes or schools) designed for students with impairments or with a particular impairment.

Integration - Student with a disability in a regular class but without any individualised supports and with a teacher who is unwilling or unable to meet the learning, social, or disability support needs of the child.

Inclusion - Transformation of the education system with changes and modifications in content, teaching methods, approaches, structures, strategies, and review mechanisms in place.

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UNIT V – SPECIAL EDUCATION IN INDIA

Structure

5.0 INTRODUCTION

In this unit, you will learn about constitutional provisions for special education. In this unit, we will discuss on government policies for special education. We will also acquire knowledge on legislations for special education. Finally, we will discuss about recommendations of various committees and commissions, NPE and POA.

5.1 OBJECTIVES

After going through this unit, you will be able to

- Know the constitutional provisions and government policies for special education
- Understand the legislations for special education and
- Ability to discuss the recommendations of various committees and commissions and Understand the concept of NPE and POA.

5.2 CONSTITUTIONAL PROVISIONS FOR SPECIAL EDUCATION

During 1976, our constitution was amended in many of its fundamental provisions. Under the Constitution of India, the Central Government has been specifically vested with several educational responsibilities. The major constitutional provisions on education in India are as follows:

1. Free and Compulsory Education

The Constitution makes the following provisions under Article 45 of the Directive Principles of State Policy that, "The state shall endeavour to provide within a period of ten years from the commencement of this Constitution, for free and compulsory Education for all children until they complete the age of fourteen years".

2. Education of Minorities

Article 30 of the Indian Constitution relates to certain cultural and educational rights to establish and administer educational institutions. It lays down: (i) All minorities whether based on religion or language, shall have the right to establish and administer educational institutions of their choice (ii) The state shall not, in granting aid to educational institutions, discriminate against any educational institution on the ground that it is under the management of a minority, whether based on religion or language.

3. Language Safeguards

Article 29(1) states "Any section of the citizen, residing in the territory of India or any part there of having a distinct language, script or culture of its own, hall have the right to conserve the same". Article 350 B provides for the appointment of special officer for linguistic minorities to investigate into all matters relating to safeguards provided for linguistic minorities under the Constitution.

4. Education for Weaker Sections

Article 15, 17, 46 safeguard the educational interests of the weaker sections of the Indian Community, that is, socially and educationally backward classes of citizens and scheduled castes and scheduled tribes. Article 15

states, “Nothing in this article or in clause (2) of Article 29 shall prevent the state from making any special provision for the advancement of any socially and educationally backward classes of citizens or for the scheduled castes and the scheduled tribes”. Under Article 46 of the Constitution, the federal government is responsible for the economic and educational development of the Scheduled Castes and Scheduled Tribes. It states “The state shall promote with special care the educational and economic interests of the weaker sections of the people and in particular, of the Scheduled castes and Scheduled Tribes and shall protect them from social injustice and all forms of exploitation”.

5. Secular Education

India is a secular country. It is a nation where spirituality based on religion, had always been given a high esteem. Under the Constitution, minorities, whether based on religion or language, are given full rights to establish educational institutions of their choice. Article 25 (1) of the Constitution guarantees all the citizens the right to have freedom of conscience and the right to profess, practice and propagate religion. Article 28 (1) states, “No religious instruction shall be provided in any educational institution if wholly maintained out of state fund”. Article 28 (2) states, “Nothing in clause (1) shall apply to an educational institution which is administered by the State but has been established under any endowment or Trust which requires that religious instruction shall be imparted to such institution”.

6. Equality of Opportunity in Educational Institutions

Article 29(1) states “No citizen shall be denied admission into any educational institution maintained by the State or receiving aid out of State funds, on grounds only of religion, race, caste, language or any of them”. The Fundamental Rights of the Indian Constitution has also adopted the fourfold ideal of justice, Liberty, Equality and Fraternity. The well-known Kothari Commission, 1964-66 recommended that Central Government should undertake the responsibility in education for the equalization of educational opportunities with special reference to the reduction of inter-state differences and the advancement of the weaker section of the community.

7. Instruction in Mother -Tongue

There is diversity of languages in our country. After the dawn of Independence, Mother- Tongues have received special emphasis as medium of instruction and subjects of study. In the Constitution of India, it has been laid down that the study of one's own language is a fundamental right of the citizens. Article 350 A directs, "It shall he endeavour of every state and every local authority to provide adequate facilities for instruction in the mother-tongue at the primary stage of education to children belonging to linguistic minority groups".

8. Promotion of Hindi

The Indian Constitution makes provision for the development and promotion of Hindi as national language. Article 351 enjoins the Union, the duty to promote the spread of the Hindi language. Hindi accepted as the Official Language of India as laid down by the Constitution in following words: "It shall be the duty of the Union to promote the spread of the Hindi language, to develop it so that it may serve as a medium of expression of all the elements of the composite culture of India".

9. Higher Education and Research

Parliament has the exclusive rights to enact legislation in respect of institutions and Union Agencies mentioned in entries 63, 64, 65, and 66 of List. The institutions known at the commencement of this Constitution as the Banaras Hindu University, the Aligarh Muslim and the Delhi University, and any other institution declared by Parliament by law to be an Institution of National importance. Co-ordination and determination of standards in institution for higher education or research and scientific and technical institutions.

10. Women's Education

One of the unique features of Modem Indian Education is the tremendous advancement of Women's Education. Education of the girls is considered to be more important than that of the boys. The Constitution makes the following provisions under different articles:

- Article 15(1) provides that the State shall not discriminate any citizen on groups only of sex.

- Article 15 (3) reads: Nothing in this article shall prevent the State from making any special provision for women and children.

11. Education in the Union Territories

Article 239 of the Constitution states, "Save as otherwise provided by Parliament by Law, every Union Territory shall be administrator by the president acting to such extent as he thinks fit through an administrator to be appointed by him with such designation as he may specify".

12. Educational and cultural relations with foreign countries

Entry 13 of the Union List reads. Participation in international conferences, associations and other bodies and implementing decisions made there at.

Check your Progress

1. List some constitutional provisions of special education.

5.3 GOVERNMENT POLICIES FOR SPECIAL EDUCATION

A government policy statement is a declaration of a government's political activities, plans and intentions relating to a concrete cause or, at the assumption of office, an entire legislative session.

Persons with Disability Act (1995)

This Act was put into effect on Feb. 1996 by the government. It was to ensure that people with special needs received equal opportunities. Education, employment, vocational training, reservation and rehabilitation of disabled persons are provided for by this Act. An unemployment allowance for disabled people, as well as a special insurance scheme for the disabled, are also part of it.

Sarva Shiksha Abhiyan (SSA)

The SSA is a government program aiming to make primary education universal and its goal is to make education of children ages 6–14 a fundamental right. Since it aims to be inclusive, SSA has adopted a zero rejection policy. For children with disabilities, the government has special

schools are located in urban areas and run by voluntary organizations. 'At present there are 3000 special schools for differently able children are operating across the country. Out of them, approximately 900 are marked for the hearing impaired, 400 for the visually impaired, 1000 for the mentally retarded and the remaining 700 for the children with physical disabilities.

Right to Education (RTE)

This Act was enacted by the Parliament in August 2009 and came into force on 1st April 2010. It grants children from ages 6–14 the right to a free and compulsory education. An Amendment in 2012 makes explicit provisions for disabled children. It gave them access to reserved seats. Transport was also to be provided for in case of lack of access.

Department of Empowerment of Persons with Disabilities (Divyangjan)

It is a government body that is in charge of Social Security and Social Insurance of the disabled and it is also in charge of several special schemes and aids in the training of rehabilitation professionals. International agreements and conventions regarding disabled persons fall under them as well. They are in charge of several institutes and organizations serving disabled persons, and the Rehabilitation Council of India.

Accessible India Campaign

This campaign was started to provide accessibility to Persons with Disability (PwD). While the Disability Act of 1995 provides for nondiscrimination in transport and environment, awareness is an issue. Along with mass awareness and leadership endorsements, it aims for interventions.

Divyangjan Schemes

The government has initiated a number of schemes for special needs persons. Railway concessions, special insurance schemes, and a number of other benefits are granted to them through these.

Private Initiatives

Several companies and NGOs have also taken steps for improving the life of those with special needs. Funded by corporate donors or as CSR initiatives, they aim to provide them with jobs, education and improved accessibility.

Employment Initiatives

Some businesses have begun to include special needs people in a more visible manner. Lemon Tree, a chain of hotels started in 2002, has hired people with special needs for ~7% of their total staff positions. Metta Foot Spa in Bandra, Mumbai, started by Joanita Figueiredo, has only visually impaired people on its staff.

The need for disability certificates

Disability certificate makes a remarkable difference in the life of a differently able person. More than 40% disability of person can gain this certificate, the certificate makes its holder eligible for various state and central government schemes, scholarships, and even an unemployment allowance. Only Medical boards of district civil hospitals can issue this disability certificates.

Inclusive schooling

During our research, we found that inclusive schooling is the best practice that promotes inclusive learning and takes a step in teacher training that helps primary school teachers in the classroom to identify and support the children. In India, inclusive education is still in progress and sometimes it is difficult to measure good practice. For good practice we came across three elements: creating inclusive culture; producing inclusive policies, and evolving inclusive practices. Inclusive practices contain teacher training program to create awareness about new methodologies material for the benefit of students. Such practices were possible only when the program includes best teacher training, provide child-friendly curriculum, suitable teaching methodologies and including parents in this program.

Sugamya Pustakalaya

Sugamya Pustakalaya is an online library that contains books which are accessible to the blind people, to become the member of this library person needs to provide disability certificate, it may be validated by the librarian before approving membership.

APD’s Community Learning Center

APD’s Community Learning Center program has been operational since 2007. Majority of children enroll from urban slums and low-income families. APD’s Community Learning Center work starts from Identification and enrollment of differently abled children. Their workers conduct home visits, surveys to identify severely differently able children in the age group of 3–13 years. The major focus is to give access to basic rights through inclusion schooling and help them for giving equal education.

- APD’s conduct awareness program for family and community.
- Training and skill development program for the students for their better future.
- Prepare students with the help of trained staff to encourage students to join mainstream or special schools

Check your Progress

2. State the concept of Divyangjan.
3. How Sugamya Pustakalaya helpful for people with visual impairment?

5.4 LEGISLATIONS FOR SPECIAL EDUCATION

The legislations for special education are listed below.

1. Education for All Handicapped Children Act

Education for All Handicapped Children Act was passed by Congress in 1975, this was the first special education law directed at students with physical and mental disabilities. The law stated that public schools must

provide children with special needs with the same opportunities for education as other children. It also required any public school that received federal funds to provide one free meal a day for these children.

The mission of this act was to:

- make special education services accessible to children who require them;
- maintain fair and appropriate services for disabled students;
- institute systematic evaluation requirements for special education; and
- endow federal resources to public schools for the education of disabled students.

2. Individuals with Disabilities Education Act

The Individuals with Disabilities Education Act, or IDEA, was created in 1990 and is a modification of the Education for All Handicapped Children Act. This law ensures that special needs students receive appropriate free public education in the least restrictive environment necessary to meet those students' needs. It helps students receive the extra assistance they need but allows them to participate in the same activities as children without special needs whenever possible.

3. No Child Left Behind

In 2001, the Elementary and Secondary Education Act, commonly known as the No Child Left behind Act, called for schools to be accountable for academic performance of all students, whether or not they had disabilities. The act requires schools in every state to develop routine assessments of students' academic skills. No Child Left Behind provides incentives for schools to demonstrate progress in students with special needs. It also allows for students to seek alternative options if schools are not meeting their academic, social or emotional needs.

4. Individualized Education Programs (IEP)

The IDEA maintains that parents and teachers of children who qualify for special education must develop an Individualized Education Program, or IEP, that helps establish specific education for a child's explicit needs. The student's educational strategy must be designated in writing and should

include an evaluation and description of the current academic status, measurable goals and objectives, designation of an instructional setting and placement within that setting and transition services for children aged 16 or older.

5. Students with Disabilities and Postsecondary School

Many students with special needs go on to study at the postsecondary level, but the laws are slightly different for postsecondary schools. The law does not require postsecondary schools to provide a free appropriate public education to students, but it does oblige schools to offer suitable academic adjustments and accessible housing to students with disabilities. Special education laws preserve the rights of students and their families and help integrate students with special needs into society without segregating them.

Office for Civil Rights (OCR)

The Office for Civil Rights (OCR) ensures equal access to education and to promote educational excellence throughout the nation through vigorous enforcement of civil rights. It serves student populations facing discrimination and the advocates and institutions promoting systemic solutions to civil rights problems.

Eight Core Principles of Special Education

Special education law as it currently stands embodies eight core principles:

- ✓ Child find/zero reject
- ✓ Nondiscriminatory evaluation
- ✓ Individualized education program (IEP)
- ✓ Least restrictive environment (LRE)
- ✓ Related services
- ✓ Parent participation
- ✓ Confidentiality

Child find/zero reject

Schools are required by law to seek out and identify every eligible student with a disability living within their jurisdiction. Once identified, with parental permission, all students identified as having disability and requiring special education are to receive an education based on their individual needs.

Nondiscriminatory evaluation

Before students with disabilities are eligible for special education services, they must receive a nondiscriminatory evaluation, which is usually conducted by the school district. The evaluations must conform to the following guidelines:

- Tests must be administered in the student's native language.
- Tests must be appropriate for the student's age and suspected disability.
- More than one test must be used in determining the disability and need for services.
- Knowledgeable and appropriately trained individuals must administer the tests.
- All areas of suspected disability must be assessed.
- All decisions about eligibility for special education and related services must be made by a team, not a single individual.
- To be eligible for special education and related services, students must meet specific criteria; school districts serve students' educational needs under specified disability categories.

Least restrictive environment (LRE)

"Least restrictive environment" is not only a special education term, but also a legal principle—and one of the most important points for general education teachers to know about because it determines where a student with a disability is to receive education services. LRE requires that students with disabilities be educated with their chronologically aged peers to the greatest extent possible, and that typically means in the general education classroom.

Related services

In addition to special education services, a student may require related services. Section 300.24(a) of IDEA defines related services as those that "are required to assist a child with a disability to benefit from special education". They include but are not limited to the following components: transportation, speech pathology, audiology, physical therapy, occupational

therapy, therapeutic recreation, social work, medical services, counseling, and recreational services.

Parent participation

Before a student receives special education and related services, the parents or guardians must sign on. They are equal participants in the process and must give permission for the evaluation, participate in the development of the IEP, and agree to any changes in either the program or placement.

Confidentiality

As a general education teacher, you will hear a lot of personal information about students, especially those with disabilities. Needless to say, confidentiality is very important.

Check your Progress

4. State a note on No Child Left Behind Act.
5. What is Child find/ zero reject?

5.5 RECOMMENDATIONS OF VARIOUS COMMITTEES AND COMMISSIONS, NPE (1986), POA (1992)

Recommendations by the standing committee of the Central Advisory Board of Education (CABE) on inclusive education

The CABE committee made various recommendations which are in consonance with the four outputs and strategic interventions reflected in the Comprehensive Action Plan for Inclusion in Education of Children and Youth with disabilities and are presented in the following section: **Output No. 1: Enrolment, retention and free education of all children with disabilities in the general education system (free education up to 18 years under PWD Act)**

Recommendations

1. Identification of children from 0–18 years should be carried out by all the States/UTs immediately. The age-wise, disability wise break up on the pattern of SSA should be clearly mentioned. Different age groups to be covered are 0-3, 3-6, 6-124, 14-18 and 18-22. Those states, which have

already collected this data and its age wise break up, may like to update it. This task of identification should be taken up in three stages: Visual identification, identification through trained persons and medical scrutiny so that these children are identified at an early stage and support needed by them is available to them at the earliest.

2. Linked with the issue of enrolment and retention of all children with disabilities in the mainstream education system are the issues of disability certificates and assistive devices. These are considered important to facilitate enrolment and retention of the Children with Special Needs (CWSN).

3. As per the Persons with Disabilities (Opportunities, Protection of Rights and Full Participation) Act, 1995, "Persons with Disability" means a person suffering from not less than 40 per cent of any disability as certified by a medical authority. Complete guidelines for evaluation of various disabilities have been issued by Ministry of Social Justice & Empowerment. Therefore, before treating any child as CWSN his/her disability needs to be assessed. When the disability of the child is assessed then disability certificate can be issued and his/her need for assistive devices can also be finalised. Simultaneous arrangements need be made for providing any assistive device, which will facilitate retention/education of the child in the school. This, therefore, needs to be considered as first priority as soon as the child is admitted in any school.

Output No. 2: Providing quality education through appropriate curricula, organisational arrangements, teaching strategies, resource use and partnership with communities in order for children and young persons with disabilities to develop their learning and abilities.

Recommendations

1. The removal of barriers of physical accessibility of the schools to the children with loco motor disabilities and making available to the hearing and visually handicapped children the required resources and study material in accessible form need to be ensured. Sarva Shiksha Abhiyan Scheme provides that the architectural barriers in schools will be removed for easy access and innovative designs for schools would be developed to

provide an enabling environment for CWSN as part of the programme. Therefore, all new schools, which are constructed by the Government/Private sector, need to be barrier free. Also, the existing schools need to be made barrier free in a time-bound manner. Suitable instructions may be issued to all concerned so that only barrier-free schools are approved by the State/Central Education Boards. The guidelines and space standards for barrier-free built environment for disabled and elderly persons framed by the Ministry of Urban Affairs and Employment are to be followed for this purpose.

2. Services of special teachers need to be available to all inclusive schools as per provisions in the schemes. Every school should have at least the services available of at least one special teacher in position that, if required, could also work for other schools in the cluster. Special teachers thus appointed will work in coordination with the class teacher, parents and caregivers. They should also get the same status as general teachers in inclusive schools.

3. There is a need to assist the school system to achieve the objectives of education for all in which teachers—both general and special—have to play a crucial role. However, the roles of these two types of teachers need to be determined to maximise utilisation of their expertise and competencies for imparting education to all children, including children with disabilities, in an inclusive set-up. While general teachers will be responsible for teaching all children in classrooms, special teachers will be responsible for providing support in the classroom as well as organising remedial classes. Special teachers will also take up the task of developing appropriate teaching learning materials to make the classroom more conducive for learning by all.

4. These special teachers, who study school subjects as well as special education, need to be treated at par with general teachers by the National Council for Teacher Education (NCTE) and also paid at par with general teachers, even without interchangeability. This is not happening at present with the result that aspirants to the teaching profession are not motivated to become special teachers. Also, teachers completing the in-service training

and those who obtain additional B.Ed degree in special education may be provided financial incentives.

5. Inclusive education really means reorganisation of school classrooms and curriculum transactions and, hence, it is recommended to develop some model inclusive schools, which will serve as role models for other schools.

6. Certain programmes are to be developed both at the state and district level to take care of those children with disabilities who started late.

7. While adapting curriculum to the requirements of CWSN, attention is to be focused on their strengths and abilities rather than their limitations.

8. The course materials, including textbooks, have to be made available to children and youth with visual impairment, in Braille, large print, audio form and daisy prints. Special Teaching-Learning Material (TLM) needs to be provided in the schools and resource rooms need to be set up to make the required resources and study material available to hearing and visually handicapped children in accessible form.

9. The school education system has to cater to the requirement of meeting the psycho-social needs of all CWSN along with other children and ensuring emotional development of youth; therefore, specific interventions are to be planned at all levels to ensure the same.

Output No. 3: Support higher and vocational education through proper implementation of existing reservation quota in all educational institutions and creation of barrier-free learning environments

Recommendations

1. 3 per cent reservation in all educational institutions is to be followed vigorously. All institutions have to ensure the same through a well-established mechanism.

2. ICT based vocational courses have to be developed and made available to vocational institutions to be offered to persons with disabilities. PSSCIVE, Bhopal should take a lead in this matter.

3. Machines, tools, etc., required to be used by persons with disabilities need to be adapted as per their requirements.

4. Measures for admission to reputed higher education institutions, including reservation, need to be worked out and disseminated to all the institutions.

Output No. 4: Disability focused research and interventions in universities and educational institutions

Recommendations

Department of Disability and Rehabilitation Studies should be established in all universities. Specific allocations for Disability Studies are also recommended. General Recommendations Besides output specific recommendations, the Committee also recommended the following:

1. Regarding progress on implementation, it has been observed that the periodicity of progress reports, which implementing agencies are expected to maintain and send is not being observed. Regularity of such reports is to be ensured by each nodal, partner and implementing institution.
2. Each Ministry has to ensure that whatever is in their purview is being implemented in a planned and systematic way.
3. NCERT could install the necessary software required to download NCERT books from its website to make them accessible to users with visual impairment.

Recommendations of the National Focus Group on Education of Children with Special Needs

• Gear all teacher education programmes (both pre-service and in-service) to developing the pedagogical skills required in inclusive classrooms.

• Correlate the style of teaching to the learning styles of all children.

• Mobilise special schools as resource centres that provide support to inclusive schools.

• Develop partnerships with institutions of higher learning, governmental organisations, and NGOs to promote participation of children with disabilities in all aspects of education.

• Reduce class size to a maximum of 30 students and a maximum of 20 in case the class includes children with SEN.

• Make the class teacher responsible for all the children in the class. In case, special support is required on account of SEN, this should be in the form of assistance to the class teacher.

• Regard all special teachers in a given school as full-fledged members of the school community.

• Make all curriculum-related policies and programmes inclusive in nature to effectively address issues related to the education of children with SEN.

• Develop perspective and skills in all administrators, including school principals, for planning and executing programmes based on the philosophy of inclusion.

• Develop strengths and abilities of all children rather than highlighting limitations.

• Recognising diversity among learners, the medium of instruction should include sign language for children with hearing impairment, and Braille for children with visual impairment. At the same time as an optional subject/third language, learning of sign language, Braille, finger Braille, etc. should be introduced for all children.

• To promote self-reliance and enable children to acquire coping skills, the emphasis of inclusive education must be on inculcating independent living skills, critical thinking, decision-making and problem-solving skills, and articulation of their concerns.

Convention on the Rights of Persons with Disabilities Article 24 Education

1. States Parties recognize the right of persons with disabilities to education. With a view to realizing this right without discrimination and on the basis of equal opportunity, States Parties shall ensure an inclusive education system at all levels and lifelong learning directed to:

(a) The full development of human potential and sense of dignity and self-worth, and the strengthening of respect for human rights, fundamental freedoms and human diversity;

(b) The development by persons with disabilities of their personality, talents and creativity, as well as their mental and physical abilities, to their fullest potential;

(c) Enabling persons with disabilities to participate effectively in a free society.

2. In realizing this right, States Parties shall ensure that:

(a) Persons with disabilities are not excluded from the general education system on the basis of disability, and that children with disabilities are not excluded from free and compulsory primary education, or from secondary education, on the basis of disability;

(b) Persons with disabilities can access an inclusive, quality and free primary education and secondary education on an equal basis with others in the communities in which they live;

(c) Reasonable accommodation of the individual's requirements is provided;

(d) Persons with disabilities receive the support required, within the general education system, to facilitate their effective education;

(e) Effective individualized support measures are provided in environments that maximize academic and social development, consistent with the goal of full inclusion.

3. States Parties shall enable persons with disabilities to learn life and social development skills to facilitate their full and equal participation in education and as members of the community. To this end, States Parties shall take appropriate measures, including:

(a) Facilitating the learning of Braille, alternative script, augmentative and alternative modes, means and formats of communication and orientation and mobility skills, and facilitating peer support and mentoring;

(b) Facilitating the learning of sign language and the promotion of the linguistic identity of the deaf community;

(c) Ensuring that the education of persons, and in particular children, who are blind, deaf or deaf blind, is delivered in the most appropriate languages and modes and means of communication for the individual, and in environments which maximize academic and social development.

National Policy on Education (1986)

1. The Education Commission of 1964-66, the National Education Policy of 1968 and practically all others concerned with education

have stressed that the egalitarian goals and the practical, development-oriented objectives of Indian society can be realised only by making investments in education of an order commensurate with the nature and dimensions of the task.

2. Resources, to the extent possible, will be raised by mobilising donations, asking the beneficiary communities to maintain school buildings and supplies of some consumables, raising fees at the higher levels of education and effecting some savings by the efficient use of facilities.
3. Institutions involved with research and the development of technical and scientific manpower should also mobilize some funds by levying a cess or charge on the user agencies, including Government departments, and entrepreneurs. All these measures will be taken not only to reduce the burden on State resources but also for creating a greater sense of responsibility within the educational system. However, such measures will contribute only marginally to the total funding. The Government and the community in general will find funds for such programmes as: the universalisation of elementary education; liquidating illiteracy; equality of access to educational opportunities to all sections throughout the country; enhancing the social relevance, quality and functional effectiveness of educational programmes; generating knowledge and developing technologies in scientific fields crucial to self-sustaining economic development and creating a critical consciousness of the values and imperatives of national survival.

Programme of Action (1992)

- The educability of another 2 million disabled children is to be improved through early intervention and services by ECCE.
- At the end of 1991-92 about 30,000 children with disability were availing special benefits under the scheme of Integrated Education for Disabled Children (IEDC); In addition, about 60,000 children

with mild disabilities received resource support without special benefits. A large number of children with disability are also receiving education in special schools which number about 1035.

- The Project Integrated Education for Disabled (PIED) is being implemented, as a field demonstration, in one block each in ten States and Union Territories. In these blocks about 90 per cent of children with disability are receiving education in general schools per pupil in these blocks is now around Rs. 2,000/- and is likely to come down further as the number of beneficiaries increases. General teachers feel confident and motivated as their status in the community has improved due to the services they provide.
- The Ministry of Welfare had taken steps w ensure supply of trained manpower to special schools and improve standards in these schools through the National Institutes for the Handicapped (NIHs) and increased support to NGOs.
- The Ministry of Labour manages 17 Vocational Rehabilitation Centres (VRCs) for the handicapped and helps in their· placement also. About 66,000 persons with disability have been rehabilitated under this scheme by September, 1991. Three percent of seats for admission toms and under the Apprenticeship Training Scheme are available for handicapped persons. These seats are being fully utilised.

NPE REVIEW PERSPECTIVE

As part of its concern for equalisation of educational opportunities, the NPE, 1986 focuses on the needs of children with disabilities. The NPE, 1986 recommended an integrated education in general schools for children with locomotor handicaps and with other mild disabilities, orientation and pre-service training of general teachers to meet special needs of these children, provision of vocational training, establishment of special schools for severely dis- abled children and encouragement of voluntary organisations in these tasks. However, considering the financial resources

likely to be available during the 8th Plan the targets for education of disabled children would be as follows:

(i) Children who can be educated in general primary schools

(a) Universal enrolment by the end of 9th Five Year Plan.

(b) Ensuring achievement of minimum level of learning through adjustment and adaptation of curriculum and teaching to special needs.

(ii) Children who require to be educated in special schools or special classes in general schools

(a) Universal enrolment by the end of the 9th Five Year Plan.

(b) Ensuring achievement of level of learning commensurate with their potential.

(iii) Reduction of dropout rates on par with other children.

(iv) Providing access to disabled children to secondary and senior secondary schools with resource support and making special provision for vocational training of these children, particularly those with intellectual disabilities.

(v) Reorienting pre-service and in-service teacher education programmes including pre-school teachers training programmes to meet special needs in the classroom.

IMPLEMENTATION STRATEGIES

The strategy of area-specific and population specific micro-planning for UEE is equally relevant for this disadvantaged group. Planning for UEE and adult literacy 18 at all levels - Centre, State, District, Block and Project - should provide for the educational needs of this category of children.

Education of children with disability will be a component in the training of educational planners and administrators as well as pre service and in service teachers. PIETs, CTEs and IASEs which have been provided facilities for this component will have to pay particular attention to this aspect of teacher training. The material supplied under Operation Blackboard will have to take into consideration special needs of these children.

INTEGRATED EDUCATION FOR DISABLED CHILDREN (IEDC)

The POA, 1986 target of increasing enrolment of children by 25 per cent per year was achieved as enrolment of disabled children in general schools increased from 15,000 to 30,000. Subject to availability of resources, the cumulative enrolment would reach 50,000 by the end of 8th Plan. However, an additional 1,00,000 children with mild disabilities will be provided resource support from teachers and learning aids and equipment.

The following actions are needed for achieving the targets laid down:

(i) Adequate allocations of resources.

(ii) Provision for education of persons with disability should be made an integral component in externally assisted basic education projects.

(iii) Provision for education of disabled children should be made in the Centrally Sponsored Schemes of Operation Blackboard, Vocationalisation of Education and Non-Formal Education.

(iv) Co-ordinated implementation of schemes like Community Based Rehabilitation, ECCE, VRCs and IEDC so as to reduce cost and achieve higher coverage. This would require coordination among the Ministries/Departments of Health, Welfare, Education, Women & Child Development and Labour.

(v) The NGOs have to encouraged to implement IEDC, particularly in rural areas. The NGOs involved in other educational activities will be encouraged to work in this area also and assisted in developing their expertise.

SPECIAL SCHOOLS

The POA envisaged provision of an additional 400 special schools at the district headquarters. The Ministry of Welfare has identified 240 districts without any special schooling facility. Efforts would be made to provide special schools in these districts by the end of 9th Five Year Plan.

VOCATIONAL TRAINING

The Ministry of Labour is providing vocational training to the handicapped through the Craftsman Training Scheme (CTS), the Apprenticeship Training Scheme and separate Vocational Rehabilitation Centres (VRCs).

Three per cent of the seats for admission to ITIs under the Craftsman Training Scheme and Apprenticeship Training Scheme are reserved for candidates who are handicapped but have aptitude and are otherwise fit to undergo the required training. The States/UTs have been advised from time to time to implement this reservation for the handicapped which will be continued during the 8th Plan also. Seventeen VRCs will continue to provide training to a larger number of handicapped persons during the 8th plan. The National Institutes for the Handicapped under the Ministry of Welfare will continue their efforts to provide vocational training to the handicapped.

ORIENTATION AND TRAINING OF TEACHERS

All the DIETs to be established by the end of the 8th Plan will have a resource room and trained faculty to teach the essential component of education of children with disability. They will also run orientation programmes for teachers at least from lab areas and practising schools to establish field demonstration of IEDC programme. The SCERTs will support field demonstrations under the scheme of IEDC. Similar action is suggested for the 250 CTEs and 50 IASEs. The budget provision is available in the scheme itself. The pre-service training curriculum will · induct essential components for these areas, wherever it has not been done so far. All in-service teachers should receive awareness input on education of children with disability in orientation programmes.

SPECIAL TEACHERS

The NIHs and its regional training centres have built up capacity to train single disability special teachers for special schools. Besides meeting demands of the new special schools, the existing untrained teachers will be trained and backlog cleared by the end of the 8th Plan. In-service training of special teachers will be planned in a way that each teacher receives a three-week course every four years. Efforts will be made to promote special education units in university departments of education for training teachers to handle multi category disabilities.

CONTENT AND PROCESS

Curriculum flexibility is of special significance for these children. Special needs of these children will be met, if child centered education is practised. The curriculum adjustment and adaptation of teaching methods and material will be worked out, field tried and provided to the users. The following actions will be taken:

(i) Guidelines for child centred education, including special needs in the classroom, being developed at the NCERT will be made available by mid-1993.

(ii) Guidelines for adjustment of curriculum and instructional material and methods for visually and hearing handicapped at primary level have been developed. These will be made available to teachers. Work for upper primary and secondary school level will be started and completed by the end of 1994.

(iii) The achievement of minimum levels of learning by children with mild disabilities should be ensured through resource support and alternative learning material, wherever needed.

(iv) The Boards of Examination should make adjustment and adaptations in examination for the handicapped children.

(v) Study of more than one language should not be compulsory for deaf children.

(vi) Teaching of Science and Mathematics is either not available to handicapped children or they opt for an easier substitute. Special efforts should be made by the NIHs and the NCERT to develop an action programme to improve access of disabled children to these important areas.

(vii) The special learning aids and equipment like braille books, braille kit, audio visual material will be developed and made available to schools by NIHs and NCERT.

USE OF MASS MEDIA

Radio and television are being used in a limited way both for advocacy as well as educational purposes. The CIET, SIETs and NIHs will also develop

software in non-telecast mode and make it available to DIETs, other training centres and NGOs working with disabled persons. The NCERT and the NIHs will develop packages and hand over to journalists in workshops.

AVAILABILITY OF SPECIAL LEARNING MATERIAL AND AIDS

Learning material in braille is still not available to all children. Same is the case with aids like braille slate, Taylor frame, etc. Similarly language training material for speech and hearing handicapped is not available in regional languages. Steps will be taken by the NIVH, AYJNIHH, NIMH and the NCERT to ensure the availability of such material.

MONITORING AND EVALUATION

The availability of a reliable data base is essential for proper monitoring and evaluation of educational programmes for persons with disability. Towards this end the District Education Office, must, with the help of other agencies, collect data about the number of disabled persons in the District-disability wise, sex wise and age group wise; beneficiaries under IEDC, special schools, ITIs, VRCs, etc., number of special and resource teachers, their qualifications and pay scale, and budget utilisation. The MHRD and the Ministry of Welfare should make grants under IEDC and special schools contingent on the periodic returns giving the information. Evaluation studies by external agencies, universities conducting courses on education and rehabilitation of persons in specific geographical areas will be commissioned by MHRD and the Ministry of Welfare.

Check your Progress

6. State the role of special schools mentioned in Programme of Action (1992).

5.6 ANSWERS TO CHECK YOUR PROGRESS

1. The constitutional provisions on education in India are:

    1. Free and Compulsory Education
    2. Education of Minorities
    3. Language Safeguards
    4. Education for Weaker Sections
    5. Secular Education
    6. Equality of Opportunity in Educational Institutions
    7. Instruction in Mother -Tongue
    8. Promotion of Hindi
    9. Higher Education and Research

    Entry 63 of the Union List

    Entry 66 of the Union List

    10. Women's Education
    11. Education in the Union Territories
    12. Educational and cultural relations with foreign countries

2. Divyangjan is an initiative of MSJE, this was originally called the Department of Disability Affairs. It is a government body that is in charge of Social Security and Social Insurance of the disabled. It is also in charge of several special schemes and aids in the training of rehabilitation professionals. International agreements and conventions regarding disabled persons fall under them as well. They are in charge of several institutes and organizations serving disabled persons, and the Rehabilitation Council of India. The government has initiated a number of schemes for special needs persons. Railway concessions, special insurance schemes, and a number of other other benefits are granted to them through these.

3. Sugamya Pustakalaya is an online library that contains books which are accessible to the blind people, to become the member of this library person needs to provide disability certificate, it may be validated by the librarian before approving membership. This library is aligned to Sarva Shiksha

Abhiyan. In this library different books in different languages are available for users.

4. In 2001, the Elementary and Secondary Education Act, commonly known as the No Child Left behind Act, called for schools to be accountable for academic performance of all students, whether or not they had disabilities. The act requires schools in every state to develop routine assessments of students' academic skills. While it does not stipulate that these assessments meet a national standard, the law does oblige each state to come up with its own criteria for evaluation. No Child Left Behind provides incentives for schools to demonstrate progress in students with special needs. It also allows for students to seek alternative options if schools are not meeting their academic, social or emotional needs.

5. **Child find/zero reject**

Schools are required by law to seek out and identify every eligible student with a disability living within their jurisdiction. Once identified, with parental permission, all students identified as having disability and requiring special education are to receive an education based on their individual needs. It is important to understand that this principle extends to students who may have committed a serious offense. Such students are still eligible for services.

6. **SPECIAL SCHOOLS**

The POA envisaged provision of an additional 400 special schools at the district headquarters. However, because of resource constraints no new special school has established. The Ministry of Welfare has identified 240 districts without any special schooling facility. Efforts would be made to provide special schools in these districts by the end of 9th Five Year Plan.

5.7 SUMMARY

During 1976, our constitution was amended in many of its fundamental provisions. Under the Constitution of India, the Central Government has been specifically vested with several educational responsibilities.

Persons with Disability Act (1995) was put into effect on Feb. 1996 by the government. It was to ensure that people with special needs received equal opportunities. Education, employment, vocational training, reservation and rehabilitation of disabled persons are provided for by this Act.

Sugamya Pustakalaya is an online library that contains books which are accessible to the blind people, to become the member of this library person needs to provide disability certificate, it may be validated by the librarian before approving membership.

Education for All Handicapped Children Act was passed by Congress in 1975, this was the first special education law directed at students with physical and mental disabilities. The law stated that public schools must provide children with special needs with the same opportunities for education as other children.

The Individuals with Disabilities Education Act, or IDEA, was created in 1990 and is a modification of the Education for All Handicapped Children Act. This law ensures that special needs students receive appropriate free public education in the least restrictive environment necessary to meet those students' needs.

The IDEA maintains that parents and teachers of children who qualify for special education must develop an Individualized Education Program, or IEP, that helps establish specific education for a child's explicit needs.

The Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 forbid discrimination in schools based on disability. This applies to colleges and universities as well as elementary, middle and high schools.

The Individuals with Disabilities Education Act (IDEA) is a law ensuring services to children with disabilities throughout the nation. IDEA governs how states and public agencies provide early intervention, special education and related services to more than 6.5 million eligible infants, toddlers, children and youth with disabilities.

Inclusive education really means reorganisation of school classrooms and curriculum transactions and, hence, it is recommended to develop some model inclusive schools, which will serve as role models for other schools.

In higher education, the most important aspect is a disabled friendly toilet, ramps, etc., so as to provide access to all facilities like libraries, photocopying machines and laboratories.

The Project Integrated Education for Disabled (PIED) is being implemented, as a field demonstration, in one block each in ten States and Union Territories. In these blocks about 90 per cent of children with disability are receiving education in general schools per pupil in these blocks is now around Rs. 2,000/- and is likely to come down further as the number of beneficiaries increases.

Learning material in braille is still not available to all children. Same is the case with aids like braille slate, Taylor frame, etc. Similarly language training material for speech and hearing handicapped is not available in regional languages. Steps will be taken by the NIVH, AYJNIHH, NIMH and the NCERT to ensure the availability of such material.

5.8 KEYWORDS

MSJE - Ministry of Social Justice and Empowerment

MHRD - Ministry of Human Resource Development

SSA - Sarva Shiksha Abhiyan

UEE - Universalization of Elementary Education

RTE – Right to Education Act

IDEA - Individuals with Disabilities Education Act

IEP - Individualized Education Program

NCLB - No Child Left Behind Act

ESEA - Elementary and Secondary Education Act

OCR - Office for Civil Rights

LRE - Least restrictive environment

CABE - Central Advisory Board of Education

PWD – Persons with Disabilities Act

CWSN - Children with Special Needs

MRT - Multidisciplinary Resource Teams

NCTE - National Council for Teacher Education

TLM - Teaching-Learning Material

ICDS - Integrated Child Development Services

NPE – National Policy on Education

PoA – Programme of Action

PIED - Project Integrated Education for Disabled

IEDC - Integrated Education for Disabled Children

VRC - Vocational Rehabilitation Centres

CTS - Craftsman Training Scheme

NCERT – National Council for Educational Research and Training

5.9 FURTHER READINGS

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UNIT VI – WELFARE UNITS

Structure

6.0 INTRODUCTION

In this unit, you will learn about Persons with Disability Act (1995). In this unit, we will discuss on national institutions of Special Education. Finally, we will discuss about role of Rehabilitation Council of India.

6.1 OBJECTIVES

After going through this unit, you will be able to

- Know the provisions in Persons with Disability Act (1995)
- Understand the national institutions of Special Education and
- Discuss the role of Rehabilitation Council of India.

6.2 PWD (PERSONS WITH DISABILITY) ACT (1995)

The government of India has put in place an Act for the disabled to make sure the disabled also form an important part of nation building. The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 came into force on February 7, 1996. It is a

significant step which ensures equal opportunities for the people with disabilities. The Act provides for both the preventive and promotional aspects of rehabilitation like education, employment and vocational training, reservation, research and manpower development, creation of barrier- free environment, rehabilitation of persons with disability, unemployment allowance for the disabled, special insurance scheme for the disabled employees and establishment of homes for persons with severe disability etc.

The main provisions of the Act are:

- Prevention and early detection of disabilities
- Surveys, investigations and research shall be conducted to ascertain the cause of occurrence of disabilities
- Awareness campaigns shall be launched and sponsored to disseminate information
- Measures shall be taken for pre-natal, peri natal, and post-natal care of the mother and child

Education

- ❖ Every child with disability shall have the rights to free education till the age of 18 years in integrated schools or special schools
- ❖ Appropriate transportation, removal of architectural barriers and restructuring of modifications in the examination system shall be ensured for the benefit of children with disabilities
- ❖ Children with disabilities shall have the right to free books, scholarships, uniform and other learning material
- ❖ Special Schools for children with disabilities shall be equipped with vocational training facilities
- ❖ Non-formal education shall be promoted for children with disabilities

The appropriate Governments and the local authorities shall-

(a) Ensure that every child with a disability has access to free education in an appropriate environment till he attains the age of eighteen years;

(b) Endeavor to promote the integration of students with disabilities in the normal schools;

(c) Promote setting up of special schools in Government and private sector for those in need of special education, in such a manner that children with disabilities living in any part of the country have access to such schools;
(d) Endeavor to equip the special schools for children with disabilities with vocational training facilities.
The appropriate Governments and the local authorities shall by notification make schemes for-
(a) Conducting part-time classes in respect of children with disabilities who having completed education up to class fifth and could not continue their studies on a whole-time basis;
(b) Conducting special part-time classes for providing functional literacy for children in the age group of sixteen and above;
(c) Imparting non-formal education by utilizing the available manpower in rural areas after giving them appropriate orientation;
(d) Imparting education through open schools or open universities;
(e) Conducting class and discussions through interactive electronic or other media;
(f) Providing every child with disability free of cost special books and equipments needed for his education.

The appropriate Governments shall initiate or cause to be initiated research by official and non-governmental agencies for the purpose of designing and developing new assistive devices, teaching aids, special teaching materials or such other items as are necessary to give a child with disability equal opportunities in education.

The appropriate Governments shall set up adequate number of teachers' training institutions and assist the national institutes and other voluntary organizations to develop teachers' training programmes specializing in disabilities so that requisite trained manpower is available for special schools and integrated schools for children with disabilities.

Employment

3% of vacancies in government employment shall be reserved for people with disabilities, 1% each for the persons suffering from:

- Blindness or Low Vision

- Hearing Impairment
- Locomotor Disabilities & Cerebral Palsy

Suitable Scheme shall be formulated for

- The training and welfare of persons with disabilities
- The relaxation of upper age limit
- Regulating the employment
- Government Educational Institutes and other Educational Institutes receiving grant from Government shall reserve at least 3% seats for people with disabilities.
- No employee can be sacked or demoted if they become disabled during service, although they can be moved to another post with the same pay and condition. No promotion can be denied because of impairment.

Affirmative Action

- Aids and Appliances shall be made available to the people with disabilities.

Allotment of land shall be made at concessional rates to the people with disabilities for:

- House
- Business
- Special Recreational Centres
- Special Schools
- Research Schools
- Factories by Entrepreneurs with Disability

Non-Discrimination

- Public building, rail compartments, buses, ships and air-crafts will be designed to give easy access to the disabled people
- In all public places and in waiting rooms, the toilets shall be wheel chair accessible. Braille and sound symbols are also to be provided in all elevators (lifts)
- All the places of public utility shall be made barrier- free by providing the ramps

Research in the following areas shall be sponsored and promoted

- Prevention of Disability
- Rehabilitation including community based rehabilitation
- Development of Assistive Devices
- Job Identification
- Financial assistance shall be made available to the universities, other institutions of higher learning, professional bodies and non-government research- units or institutions, for undertaking research for special education, rehabilitation and manpower development

Social Security

- Financial assistance to non-government organizations for the rehabilitation of persons with disabilities
- Insurance coverage for the benefit of the government employees with disabilities.

Grievance Redressal

In case of violation of the rights as prescribed in this act, people with disabilities may move an application to the

- Chief Commissioner for Persons with Disabilities in the Centre, or
- Commissioner for Persons with Disabilities in the State

Check your Progress

1. List some provisions of Persons with Disability Act.
2. What are the affirmative actions given in Persons with Disability Act?

6.3 NATIONAL INSTITUTIONS OF SPECIAL EDUCATION

Ali Yavar Jung National Institute for the Hearing Handicapped (AYJNIHH)

The Ali Yavar Jung National Institute for the Hearing Handicapped was established on 9th August, 1983 under the Societies Registration Act, 1860. The Institute has been established for manpower development, research,

clinical and therapeutic services, and outreach and extension services for the persons with hearing disabilities.

The Institute is responsible for development of manpower by undertaking or sponsoring the training of trainees and teachers, employment officers, psychologists, vocational counselors and such other personnel as may be deemed necessary by the Institute for promoting the education, training or rehabilitation of the hearing handicapped. The Institute sponsors, coordinates and subsidizes research into all aspects of the education and rehabilitation of the hearing handicapped. It is also developing model services for rehabilitation of the hearing handicapped.

National Institute for Empowerment of Persons with Multiple Disabilities (NIEPMD), Chennai

The Government has set up this new Institute and has started clinical services and short-term training programmes for caregivers from July 2005.

Objectives

- To undertake development of human resources for management, training rehabilitation, education, employment and social development of persons with Multiple Disabilities.
- To promote and conduct research in all areas relating to Multiple Disabilities
- To develop Transdisciplinary models and strategies for social rehabilitation and to meet the needs of diverse groups of people with Multiple Disabilities.
- To undertake services and out reach programs for the persons with Multiple Disabilities.

Services Provided

- Rehabilitation Medicine
- Physical therapy
- Occupational therapy
- Sensory Integration
- Early Intervention Services
- Prosthetics & Orthotics

- Special education
- Speech, Hearing & Communication
- Vocational training
- Vocational Guidance & Counseling
- Community based Rehabilitation
- Special Clinics (Psychiatric, Neurology & Ophthalmology)

Family Cottage Services

- To obviate the need for every day commutation by persons with multiple disabilities
- To encourage multiply disabled persons from all over the country to avail the services.
- To train the clients and educate the parents in a home like atmosphere.
- Family cottages would be provided to families of clients from distant places for not more than one week.

Swami Vivekanand National Institute of Rehabilitation, Training & Research (SVNIRTAR), Cuttack

NIRTAR, originally, started as an adjunct Unit of ALIMCO, Kanpur, NIRTAR was registered in 1984 under the Societies Registration Act, 1860 as a National Institute. The aims and objectives of the Institute are human resources development, implementation of service delivery programmes, research and outreach programmes.

It undertakes, sponsors or coordinates training for rehabilitation personnel and conducts research on bio-medical engineering and surgical or medical subjects for orthopedically handicapped. The Institute produces and distributes aids and appliances. It develops models of service delivery programmes for rehabilitation. NIRTAR also undertakes vocational training, placement and rehabilitation of the physically handicapped.

The aim of this institute is to undertake, sponsor or co-ordinate the training of personnel such as Doctors, Engineers, Prosthetists, Orthotists, Prosthetic and Orthotic Technicians, Physiotherapists, Occupational Therapists, Multipurpose rehabilitation therapists and such other personnel for the rehabilitation of the physically handicapped.

To conduct, sponsor, co-ordinate or subsidize research on biomechanical engineering leading to the effective evaluation of the mobility aids for the orthopedically disabled persons or suitable surgical or medical procedures or development of new aids. To promote, distribute, subsidize the manufacture of prototype designed aids and to promote any aspects of the education and rehabilitation therapy of physically handicapped.

National Institute for Orthopaedically Handicapped (NIOH), Kolkata

National Institute for the Orthopaedically Handicapped was established in Kolkata in the year 1978. It was registered in April, 1982, under the Societies Registration Act, 1860. The Institute is responsible for development of manpower for providing services, namely, training of physiotherapists, occupational therapists, orthotics and prosthetic technicians, employment and placement officers etc. NIOH also develops model services in the areas of restorative surgery, aids and appliances, vocational training etc. for the orthopedically handicapped population. It conducts and sponsors research in all aspects, relating to the total rehabilitation of the orthopedically handicapped people and is involved with standardizing aids and appliances for the orthopedically handicapped and promoting their manufacture and distribution.

National Institute of Visually Handicapped (NIVH), Dehradun

The National Centre for the Blind was upgraded as National Institute for Visually Handicapped in July, 1979. It was registered as an autonomous Institution under the Societies Registration Act, 1860 in October, 1982. The objective of the Institute is to conduct, sponsor and coordinate all aspects of education for rehabilitation of persons with visual disabilities and coordinate research in these areas. This apex level Institute is engaged in education, vocational training, training of teachers and other personnel, research and development of service modules, production of Braille books, aids and appliances for the visually handicapped.

National Institute of Mentally Handicapped (NIMH), Secundrabad

National Institute for the Empowerment of Persons with Intellectual Disabilities (Formerly National Institute for the Mentally

Handicapped) established in the year 1984 at Manovikasnagar, Secunderabad (TS) is an Autonomous Body under the administrative control of Deparment of Empowerment of Persons with Disabilities (Divyangjan), Ministry of Social Justice & Empowerment, Government of India. NIEPID (Formely NIMH) is dedicated to provide quality services to Persons with Intellectual Disabilities (Divyangjan) in the National interest.

NIEPID endeavors to excel in building capacities to empower Persons with Intellectual Disabilities (Divyangjan). The objectives for which NIEPID (Formerly NIMH) works are listed as under:-

- Human Resources Development
- Research and Development
- Development of models of care and rehabilitation.
- Consultancy services to voluntary organizations
- Community Based Rehabilitation
- Extension and Outreach programmes

To achieve optimum results, the institute has developed and introduced innovative structured training courses like Early Intervention, Rehabilitation Psychology, Special Education and Disability Rehabilitation at Masters level. The research policy of the institute is to continuously update the research need matrix that basically covers (a) the life-cycle needs of the Persons with Intellectual Disabilities (Divyangjan) (b) the holistic development of the Persons with Intellectual Disabilities (Divyangjan) including therapeutic interventional needs, family support, resource support, capacity building needs, and (c) public policy and enabling society. The documentation and dissemination are important activities of the Institute which include

(a) procurement of books, journals, and documents

(b) publication of quarterly NIEPID (Formerly NIMH) newsletter and bimonthly Mentard Bulletin.

In order to rehabilitate the Persons with Intellectual Disabilities (Divyangjan) in the community, the services should be rendered at the grass root level itself. The services to be provided at these centers includes

identification, screening, assessment, delivery of services, training of local resource persons and supply of training material to the needy persons.

Pandit Deen Dayal Upadhyaya Institute for the Physically Handicapped (IPH), New Delhi

The Pandit Deen Dayal Upadhyaya Institute for the Physically Handicapped (IPH), New Delhi was set up on 12th November, 1976 under the Societies Registration Act, 1860. The major objective of the Institute is to develop trained manpower for rehabilitation of persons with orthopedically disabled persons, provide outreach services and research.

The Institute offers education, training, work-adjustment and such other rehabilitative services as the society may deem fit to orthopaedically handicapped persons with associated mental retardation or such other associated handicaps as are not considered incompatible with the development of a harmonious educational, training or workshop programme. Besides it has a facility for manufacture and distribution of such aids and appliances as are needed for the education, training and rehabilitation of the handicapped.

Composite Regional Centres for Persons with Disabilities (CRCs)

To overcome the lack of adequate facilities for rehabilitation of Persons with Disabilities, the Ministry of Social Justice & Empowerment has set up seven Composite Regional Centres for Persons with Disabilities at Srinagar (J&K), Sundernagar (Himachal Pradesh), Lucknow (U.P.), Bhopal (M.P.), Guwahati (Assam), Patna (Bihar), Ahmedabad (Gujarat) and Kozhikode (Kerala) to provide both preventive and promotional aspects of rehabilitation like education, health, employment and vocational training, research and manpower development, rehabilitation for persons with disabilities etc.

Establishment of Indian Sign Language Research and Training Centre (ISLRTC)

Indian Sign Language is used in the deaf community all over India. The deaf community in India is basically an urban community, where deaf people come together in educational institutions, deaf clubs and associations, and social gatherings. It remains a major challenge to provide

access to Indian Sign language for deaf people in rural areas. Ministry has approved establishment of ISLRTC by integrating it with the Regional Centre of AYJNIHH at New Delhi vide order dated 20.4.2015.

Check your Progress

3. What are the services provided by National Institute for Empowerment of Persons with Multiple Disabilities (NIEPMD), Chennai?
4. State the role of Pandit Deen Dayal Upadhyaya Institute for the Physically Handicapped (IPH)

6.4 ROLE OF REHABILITATION COUNCIL OF INDIA

The following are the roles of Rehabilitation Council of India.

Rights of persons possessing qualifications included in the schedule to be enrolled

Subject to the other provisions contained in this Act, any qualification included in the schedule shall be sufficient qualifications for enrolment on the Register. No person, other than the rehabilitation professional who process a recognized rehabilitation qualification and is enrolled in the Register-

1. shall hold office as rehabilitation professional or any such office(by whatever designation called) in Government or in any institution maintained by a local or other authority;
2. shall practice as rehabilitation professional anywhere in India;
3. shall be entitled to sign or authenticate any certificate required by any law to be signed or authenticated by a rehabilitation professional
4. shall be entitled to give any evidence in any court as an expert under section 45 of the Indian Evidence Act, 1872 in any matter relating to the handicapped:

Any person who acts in contravention of any provision of subsection (2) shall be punished with imprisonment for a term which may

extend to one year or with fine which may extend to one thousand rupees or with both

Power to require information as to courses of study and examination

Every university or institution in India which grants a recognized qualification shall furnish such information as the Council may from time to time, require as to the courses of study and examinations to be undergone in order to obtain such qualification, as to the ages at which such courses of study and examinations are required to be undergone and such qualification is conferred and generally as to the requisites for obtaining such qualification.

Inspectors at examinations

The Inspectors appointed under sub-section (1) shall not interfere with the conduct of any training or examination but shall report to the Council on the adequacy of the standards of education including staff, equipment, accommodation, training and other facilities prescribed for giving such education or of the sufficiency of every examination which they attend.

Visitors examination

The Council may appoint such number Visitors as it may deem requisite to inspect any University or institution wherein education for rehabilitation professional is given or attend any examination for the purpose of granting recognized rehabilitation qualifications.

Any persons whether he is a member of the Council or not,may be appointed as a visitor under sub-section (1) but a person who is appointed as an Inspector under sub-section (1) of section 15 for any inspection or examination shall not be appointed as a Visitor for the same inspection or examination.

Withdrawal of recognition

When upon report by the Inspector or the Visitor it appears to the Council:-

1. that the courses of study and examination to be undergone in or the proficiency required from candidates at any examination held by any University or institution, or

2. that the staff, equipment, accommodation training and other facilities for instruction and training provided in such University or institution do not conform to the standard prescribed by the Council, the Council shall make representation to that effect to the Central Government

After considering such representation the Central Government may send it to the University or institution with an intimation of the period within which the University or institution may submit its explanation to that Government.

Minimum standards of education

The Council may prescribed the minimum standards of education required for granting recognized rehabilitation qualification by Universities or institutions in India.

Registration in Register

The Member-Secretary of the Council may, on report of an application made by any person in the prescribed manner enter his name in the in Register provided that the Member-Secretary is satisfied that such person possess recognized rehabilitation qualification.

Privileges of persons who are registered on Register

Subject to the condition and restriction laid down in this Act regarding engagement in the area of rehabilitation of the handicapped by person possessing the recognized rehabilitation qualifications, every person whose name is for the time being borne on the Register shall be entitled to practice as a rehabilitation professional in any part of India and to recover in due course of law in respect of such practice any expenses, charges is respect of medicaments or other appliances or any fees to which he may be entitled.

Professional Conduct and removal of names from Register

The Council may order that the name of any person shall be removed from the Register where it is satisfied, after giving that person a reasonable opportunity of being heard and after such further inquiry, if any as it may deem fit to make -

1. that his name has been entered in the Register by error or on account of misrepresentation or suppression of a material fact;

2. that he has convicted of any offence or has been guilty of any infamous conduct in any professional respect, or has violated the standard of professional conduct and etiquette or the code of ethics prescribed under sub-section (1) which, in the opinion of the Council, renders him unfit to be kept in the Register

Appeal against Order of removal from Register

No appeal under sub-section (1) shall be admitted if it is preferred after the expiry of a period of thirty days from the date of the order under sub-section (3) of section 21:

Provided that an appeal may be admitted after the expiry of the said period of thirty days if the appellant satisfies the Central Government that he had sufficient cause for not preferring the appeal within the said period

Register

It shall be the duty of the Member-Secretary to keep and maintain the Register in accordance with the provision of this Act and any order made by the Council and from time to time to revise the Register and publish it in the Official Gazette. The Register shall be deemed to be a public document within the meaning of the Indian Evidence Act 1872 and may be proved by a copy thereof. Information to be furnished by council and publication thereof

Cognizance of offenses

Notwithstanding anything contained in the code of Criminal procedure 1973, no court shall take cognizance of an offence punishable under this Act expect upon a complaint, in writing, made by any person authorised in this behalf by the Council

Protection of action taken in good faith

No suit, prosecution or other legal proceeding shall lie against the Central Government, Council Chairperson, members, Member-Secretary or any officer or other employee of the Council for anything which is in good faith done or intended to be done under this Act.

Employees of Council to be public servants

The Chairperson members, Member-Secretary, officers and other employees of the Council shall, while acting or purporting to act in

pursuance of the provisions of this Act or of any rule and regulation made thereunder be deemed to be public servants within the meaning of section 21 of the Indian Penal Code.

Power to make regulations

The Council may, with the previous sanction of the Central Government, make, by notification, regulation generally to carry out the purpose of this Act, and without prejudice to the generality of the foregoing power, such regulations may provide for-

1. the management of the property of the council;
2. the maintenance and audit of the account of the council;
3. the resignation of members of the council;
4. the powers and duties of the Chairperson
5. the qualification, appointment powers and duties of, and procedure to be followed by Inspectors and Visitors;
6. the courses and period of study or of training to be undertaken the subject of examination and standards of proficiency therein to be obtained in any university or any institution for grant of recognized rehabilitation qualification:

Laying of rules and regulations before Parliament

Every rule and every regulation made under this Act shall be laid as soon as may be after it is made, before each House of Parliament, while it is in session for a total period of thirty days which may be comprised in one session or in two or more successive sessions and if, before the expiry of the session immediately following the session or the successive session aforesaid, both Houses agree in making any modification in the rule or regulation or both.

Check your Progress

5. List the roles of Rehabilitation Council of India

6.5 ANSWERS TO CHECK YOUR PROGRESS

1. The main provisions of Persons with Disability Act are:

- Prevention and early detection of disabilities
- Surveys, investigations and research shall be conducted to ascertain the cause of occurrence of disabilities
- Various measures shall be taken to prevent disabilities. Staff at the Primary Health Centre shall be trained to assist in this work

2. Affirmative Action given in Persons with Disability Act are

- ➢ Aids and Appliances shall be made available to the people with disabilities.

Allotment of land shall be made at concessional rates to the people with disabilities for:

- ➢ House
- ➢ Business
- ➢ Special Recreational Centres
- ➢ Special Schools
- ➢ Research Schools

3. The services provided by National Institute for Empowerment of Persons with Multiple Disabilities (NIEPMD), Chennai are

- ❖ Rehabilitation Medicine
- ❖ Physical therapy
- ❖ Occupational therapy
- ❖ Sensory Integration
- ❖ Early Intervention Services
- ❖ Prosthetics & Orthotics
- ❖ Special education
- ❖ Community based Rehabilitation
- ❖ Special Clinics (Psychiatric, Neurology & Ophthalmology)

4. Role of Pandit Deen Dayal Upadhyaya Institute for the Physically Handicapped (IPH)

The Institute offers education, training, work-adjustment and such other rehabilitative services as the society may deem fit to orthopaedically

handicapped persons with associated mental retardation or such other associated handicaps as are not considered incompatible with the development of a harmonious educational, training or workshop programme. Besides it has a facility for manufacture and distribution of such aids and appliances as are needed for the education, training and rehabilitation of the handicapped.

5. The following are the roles of Rehabilitation Council of India.

- Rights of persons possessing qualifications included in the schedule to be enrolled
- Withdrawal of recognition
- Minimum standards of education
- Registration in Register
- Protection of action taken in good faith
- Employees of Council to be public servants
- Power to make regulations
- Laying of rules and regulations before Parliament

6.6 SUMMARY

The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 provides for both the preventive and promotional aspects of rehabilitation like education, employment and vocational training, reservation, research and manpower development, creation of barrier- free environment, rehabilitation of persons with disability, unemployment allowance for the disabled, special insurance scheme for the disabled employees and establishment of homes for persons with severe disability etc.

The Ali Yavar Jung National Institute for the Hearing Handicapped was responsible for development of manpower by undertaking or sponsoring the training of trainees and teachers, employment officers, psychologists, vocational counselors and such other personnel as may be deemed necessary by the Institute for promoting the education, training or rehabilitation of the hearing handicapped.

National Institute for Empowerment of Persons with Multiple Disabilities (NIEPMD) undertake development of human resources for management, training rehabilitation, education, employment and social development of persons with Multiple Disabilities.

Swami Vivekanand National Institute of Rehabilitation, Training & Research (SVNIRTAR undertakes, sponsors or coordinates training for rehabilitation personnel and conducts research on bio-medical engineering and surgical or medical subjects for orthopedically handicapped.

National Institute for the Orthopaedically Handicapped develops model services in the areas of restorative surgery, aids and appliances, vocational training etc. for the orthopedically handicapped population. It conducts and sponsors research in all aspects, relating to the total rehabilitation of the orthopedically handicapped people and is involved with standardizing aids and appliances for the orthopedically handicapped and promoting their manufacture and distribution.

National Institute for Visually Handicapped is to conduct, sponsor and coordinate all aspects of education for rehabilitation of persons with visual disabilities and coordinate research in these areas. This apex level Institute is engaged in education, vocational training, training of teachers and other personnel, research and development of service modules, production of Braille books, aids and appliances for the visually handicapped.

The Pandit Deen Dayal Upadhyaya Institute for the Physically Handicapped (IPH), New Delhi offers education, training, work-adjustment and such other rehabilitative services as the society may deem fit to orthopaedically handicapped persons with associated mental retardation or such other associated handicaps as are not considered incompatible with the development of a harmonious educational, training or workshop programme.

6.7 KEYWORDS

PWD - Persons With Disability

AYJNIHH - Ali Yavar Jung National Institute for the Hearing Handicapped

NIEPMD - National Institute for Empowerment of Persons with Multiple Disabilities

SVNIRTAR - Swami Vivekanand National Institute of Rehabilitation, Training & Research

NIOH - National Institute for Orthopaedically Handicapped

NIVH - National Institute of Visually Handicapped

NIMH - National Institute of Mentally Handicapped

IPH - Institute for the Physically Handicapped

CRC - Composite Regional Centres

ISLRTC - Indian Sign Language Research and Training Centre

RCI – Rehabilitation Council of India

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UNIT VII – REASONS FOR DISABILITY

Structure

7.0 INTRODUCTION

In this unit, you will learn about children with visually impaired, low vision, hearing impaired, mentally retarded, orthopedically impaired and learning disabled. We will discuss about the etiology, characteristics and prevention methods of the above said children.

7.1 OBJECTIVES

After going through this unit, you will be able to

- Know the etiology, characteristics and prevention methods of children
- Understand the concept of visually impaired, low vision, hearing impaired, mentally retarded, orthopedically impaired and learning disabled.

7.2 VISUALLY IMPAIRED AND LOW VISION

Vision impairment, or low vision, means that even with eyeglasses, contact lenses, medicine, or surgery, someone doesn't see well. Worldwide, between 300 million and 400 million people are visually impaired due to various causes. Of this, approximately 50 million people are totally blind, unable to see light in either eye. Eighty percent of blindness occurs in people over 50 years old.

Blindness is defined as the state of being totally sightless in both eyes. A completely blind individual is unable to see at all. The word blindness is commonly used as a relative term to signify visual impairment, or low vision, meaning that even with eyeglasses, contact lenses, medicine or surgery, a person does not see well. Vision impairment can range from mild to severe.

Distance vision impairment

- Mild – presenting visual acuity worse than 6/12
- Moderate – presenting visual acuity worse than 6/18
- Severe – presenting visual acuity worse than 6/60
- Blindness – presenting visual acuity worse than 3/60

Near vision impairment

Presenting near visual acuity worse than N6 or M.08 with existing correction. A person's experience of vision impairment varies depending upon many different factors. With regards to near vision, 826 million people live with a near vision impairment.

Causes of Blindness

Common causes of blindness include diabetes, macular degeneration, traumatic injuries, infections of the cornea or retina, glaucoma, and inability to obtain any glasses. The common causes are

- uncorrected refractive errors
- cataract
- age-related macular degeneration
- glaucoma

- diabetic retinopathy
- corneal opacity
- trachoma.

Diagnosis for Visual Impairment

The diagnosis of blindness is made by examination of all parts of the eye by an ophthalmologist. The universal symptom of blindness or visual impairment is difficulty with seeing. People who lose their vision suddenly, rather than over a period of years, are more symptomatic regarding their visual loss. Between 80%-90% of the blindness in the world is preventable through a combination of education, access to good medical care, and provision of glasses.

Strategies to address vision impairment

Vision rehabilitation is also effective in improving functioning for people with an irreversible vision impairment. Corneal transplantation may help people whose vision is absent as a result of corneal scarring. Over the last few years, WHO has developed and implemented several tools to support countries to assess the provision of eye care services:

- Eye care services assessment tool
- Tool for assessment of diabetes and diabetic retinopathy
- Tool for assessment of rehabilitation services and systems

Teaching strategies for handling students with Visual Impairment

Teaching strategies plays a significant role in handling students with Visual Impairment in the classroom to enhance their learning. The following are some of the teaching strategies for handling students with VI.

- ❖ Explain any visuals
- ❖ Always give oral instructions
- ❖ Ask students to clap to ask a question
- ❖ Provide tactile learning experiences
- ❖ Give visually impaired or blind students additional time to complete work
- ❖ Treat all of your students equally
- ❖ Consider the curriculum

Explain any visuals

It is important for the teacher to teach for VI, they have to clearly explain all visual materials. If teacher showing a picture to illustrate a point, then they should describe the image. Teacher should also get in the habit of dictating what they are writing on the chalkboard or whiteboard.

Always give oral instructions

Visually impaired or blind students in class may have difficulty seeing the words and learning what is expected. Teachers should always give oral instructions for every assignment and activity.

Ask students to clap to ask a question

Many classrooms rely on visual cues in order to ask questions or get the teacher's attention and it is very traditional for students to raise their hand if they want to speak during a lesson. Visually impaired or blind students may not notice when their peers raise their hands and we should replace visual cues with audio cues.

Provide tactile learning experiences

When teachers are teaching a class with visually impaired or blind students, then, they should try and incorporate tactile learning experiences whenever possible.

Give visually impaired or blind students additional time to complete work

Although, when we give an appropriate amount of time for visually impaired or blind students to complete their work, we do not want them use their vision as an excuse to hand in work late. Set deadlines and make sure they stick to them.

Treat all students equally

Certain modifications in teaching style and classroom structure are required in order to accommodate students with visual impairments, they should still hold these students to the same standard as the rest of their peers. All classroom rules and behavioural expectations should apply to all of the students in the class.

Consider the curriculum

When teaching visually impaired or blind students, we may need to modify the curriculum and the way to teach the curriculum in order to meet the needs of students. For example, when teaching art, it is necessary to rely more on tactile experiences. Try sculpting and working with clay, instead of drawing or colouring.

Check your Progress

5. Define visual impairment.
6. List the educational interventions provided for students with Visual Impairment.

7.3 HEARING IMPAIRED

The definition of a hearing impairment by the Individuals with Disabilities Education Act (IDEA) is an impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance but is not included under the definition of deafness. A hearing loss above 90 decibels is generally considered deafness, which means that a hearing loss below 90 decibels is classified as a hearing impairment.

The National Dissemination Center for Children with Disabilities (NICHCY) explains that hearing loss falls into four subcategories: conductive, sensori neural, mixed and central. Typically, hearing loss is categorized as slight, mild, moderate, severe or profound, depending on how well an individual can hear the frequencies that are commonly associated with speech.

The prevalence of hearing loss among newborns and infants is estimated to be 1.5 to 6 per 1,000 births. Hearing impairments are classified in terms of the severity and type of hearing impairment. The severity of the hearing impairment is categorized based on the minimum sound that can be heard with your better ear. The higher the decibel (dB), the louder the sound.

1. With mild hearing impairment, the minimum sound that can be heard is between 25 and 40 db. People at this level cannot hear soft noises and may have trouble following conversations in noisy settings.
2. With moderate hearing impairment, the minimum sound that can be heard is between 40 and 70 db. People at this level cannot hear soft or moderately loud noises and may have trouble hearing unless they use a hearing aid.
3. With severe hearing impairment, the minimum sound that can be heard is between 70 and 95 db. People at this level are unable to hear most noises and may rely on lip-reading and/or sign language, even with the use of a hearing aid.
4. With profound hearing impairment, the minimum sound heard is 95 dB and over. People at this level may only hear very loud noises and rely solely on lip-reading and/or sign language. Hearing aids are not effective.

Causes of hearing loss

Causes of hearing loss include:

- Fluid in the middle ear as a result of colds
- Otitis media, commonly referred to as ear infection
- Poor eustachian tube function
- Perforated eardrum
- External otitis, commonly referred to as ear canal infection
- Allergies
- Earwax buildup
- Benign tumors or having a foreign body in the ear
- Structural abnormalities of the outer ear, ear canal, or middle ear
- Exposure to excessively loud noise
- Head trauma or sudden air pressure changes (e.g., during airplane descent)
- Medication side effects (e.g., aspirin and Vicodin)
- Autoimmune inner ear disease

- Otosclerosis, the abnormal growth of the bone that is in the middle ear

Educational Programmes for students with Hearing Impaired

There is a range of inclusive teaching strategies that can assist all students with a hearing impairment. Some of the strategies are listed below.

- Keep instructions brief and uncomplicated as much as possible. When repeating instructions, repeat exactly without paraphrasing.
- Clearly define course requirements, the dates of exams, and when assignments are due. Provide advance notice of any changes.
- Use more than one way to demonstrate or explain information.
- If possible, provide transcripts of audio information.
- Allow several moments extra for oral responses in class discussions.
- In small group discussions, allow for participation by students with hearing impairments.
- If there is a break in the class, get the attention of the student who is deaf or hard of hearing before resuming class.
- Provide hand-outs (preferably electronically) in advance of lectures and seminars.
- Break information into small steps while instructing on new tasks.
- Allow time for clarification of directions and essential information.
- Speak clearly and at a reasonable and natural pace. Do not shout as this will distort your voice and lip patterns.
- If possible, try to use subtitled videos or obtain a transcript of the commentary.

Check your Progress

7. Give in detail about any two types of hearing impairment
8. List some causes for hearing loss?

7.4 MENTALLY RETARDED

Mental retardation (MR) is a developmental disability that first appears in children under the age of 18. It is defined as a level of intellectual functioning (as measured by standard intelligence tests) that is well below average and results in significant limitations in the person's daily living skills (adaptive functioning). Mental retardation is defined as an IQ score below 70–75. In general, mentally retarded children reach such developmental milestones as walking and talking much later than children in the general population. Symptoms of mental retardation may appear at birth or later in childhood. These children typically have difficulties with social, communication, and functional academic skills.

Types of Mental Retardation

Mental retardation varies in severity. The Diagnostic and Statistical Manual of Mental Disorders, fourth edition, text revision (DSM-IV-TR), which is the diagnostic standard for mental health care professionals, classifies four different degrees of mental retardation: mild, moderate, severe, and profound.

Mild mental retardation

Approximately 85% of the mentally retarded population is in the mildly retarded category and their IQ score ranges from 50–70, and they can often acquire academic skills up to about the primary level.

Moderate mental retardation

About 10% of the mentally retarded population is considered moderately retarded. Moderately retarded persons have IQ scores ranging from 35–55. They can carry out work and self-care tasks with moderate supervision.

Severe mental retardation

Severely retarded persons have IQ scores of 20–40. They may master very basic self-care skills and some communication skills. Many severely retarded individuals are able to live in a group home.

Profound mental retardation

Profoundly retarded individuals have IQ scores under 20–25. They may be able to develop basic self-care and communication skills with appropriate support and training. Profoundly retarded people need a high level of structure and supervision.

Causes and symptoms of mentally retarded

- About 30% of cases of mental retardation is caused by hereditary factors. Mental retardation may be caused by an inherited genetic abnormality, such as fragile X syndrome.
- Single-gene defects such as phenylketonuria (PKU) and other inborn errors of metabolism may also cause mental retardation if they are not discovered and treated early.
- An accident or mutation in genetic development may cause retardation. An example of such a mutation is the development of an extra chromosome 21 that causes Down syndrome.
- Drug abuse and cigarette smoking during pregnancy have also been linked to mental retardation.
- When the mother has high blood pressure (hypertension) or blood poisoning (toxemia), the flow of oxygen to the fetus may be reduced, causing brain damage and mental retardation.
- Birth defects that cause physical deformities of the head, brain, and central nervous system frequently cause mental retardation.
- Hyperthyroidism, whooping cough, chickenpox, measles, and Hib disease (a bacterial infection) may cause mental retardation if they are not treated adequately.
- Exposure to lead or mercury can also cause mental retardation.

Teaching strategies for handling students with mentally retarded

The following points highlights the methods of teaching the educable mentally retarded children. The methods are:

1. Individualisation
2. Learning by Doing
3. Need for Learning Readiness
4. Repetition

5. Short Periods

6. Teaching the Trainable Mentally-Retarded.

1. Individualisation

Each child is allowed to proceed at his own rate of learning according to his own unique growth pattern. These children need opportunities for group participation so that they may develop correct social attitudes.

2. Learning by Doing

Activity methods are employed which put the emphasis on learning through experience. The mentally handicapped child, whose shortcomings lie in the area of relational and abstract thought, will always have difficulty in learning where he is required to play a passive role, and where the methods of communication is largely verbal.

3. Need for Learning Readiness

Mentally handicapped children have the ability to learn to read, to write and to count, provided that the way is prepared for the introduction of these subjects through appropriate readiness programmes.

4. Repetition

Since mentally handicapped children do tend to have poorer memories than ordinary children, teaching method must provide for a considerable amount of repetition if learned material is to be retained.

5. Short Periods

Although the mentally retarded child has limited powers of concentration, and for this reason formal teaching periods should be kept fairly short, at the same time it is remarkable how long he can persevere when he finds the subject stimulating.

6. Teaching the Trainable Mentally-Retarded:

Less emphasis will be given to the teaching of academic subjects and more time devoted to the development of sensory-motor, self – care and daily living skills. The methods which are used should be clearly related to the real-life experiences and everyday needs of the children. Individual study of each child is necessary, and the mapping out of

individual programmes related to different aspects of personality growth is sometimes forced on the teacher by the wide range of differences.

If this is organised by a sense of vocation for this type of work, then the optimum conditions have been created to enable the Trainable Mentally-Handicapped child to win through to self-respect and increasing self-reliance.

Check your Progress

9. What are adaptive skills?
10. How learning by doing helpful for learning among students with mentally retarded?

7.5 ORTHOPEDICALLY IMPAIRED

An orthopedic impairment is defined by the Individuals with Disabilities Education Act (IDEA) as a severe orthopedic impairment that adversely affects a child's educational performance. IDEA specifies that orthopedic impairments are caused by a congenital anomaly [birth defects], impairments caused by disease (e.g., poliomyelitis, bone tuberculosis), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contractures). Orthopedic impairments involve physical disabilities which could affect the academic process.

Orthopedic impairment means a severe orthopedic impairment that adversely affects a child's educational performance and it includes impairments caused by congenital anomaly (e.g., clubfoot, absence of some member, etc.), impairments caused by disease (e.g., poliomyelitis, bone tuberculosis, etc.) and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns which cause contractures).

Characteristics

The characteristics for the student with an orthopedic impairment include paralysis, unsteady gait, poor muscle control, loss of limb, etc. An orthopedic impairment may also impede speech production and the

expressive language of the child as well as appropriate seating/positioning of the child is of primary consideration for effective screening, evaluation and instruction.

Causes for orthopedically impaired

The causes of orthopedic impairment include:

- Genetic abnormality (e.g., the absence of a member, clubfoot)
- Disease (poliomyelitis, bone tuberculosis)
- Injury
- Birth trauma
- Amputation
- Burns
- Fractures
- Cerebral palsy

Suggestions to parents and teachers for handling students with orthopedically impairment

Parents and teachers have to know the rights of students with orthopedically impaired. They want to keep in mind about the mobility devices (such as wheelchairs, walkers, crutches and canes) when arranging classroom furniture and assigning seats. Solutions to the physical education requirement should correspond to the student's particular physical abilities.

Teaching strategies for handling students with orthopedically impaired

People with orthopedic impairments usually need physical accommodations or assistive technology in school, the workplace, and at home. Some teaching strategies for children with orthopedic impairments may helpful for them to succeed in education are

1. **Seating**

   A student may need special seating arrangements to help him with posture and mobility, as moving around the classroom or moving around school hallways may be difficult.

2. **Technology**

   Student may also need assistive technology devices to help them communicate or lessons that address their disability, such as those that will help them improve their gross and fine motor skills.

3. **Participation**

   Physical education classes, in particular, may pose difficulties. Other students with mild orthopedic impairments may be able to participate.

4. **Behavioral**

   Teachers in all subject areas should be aware of the impact of an orthopedic disability on a student's behavior in class.

5. **Travel**

   Children with orthopedic impairments may also face challenges accessing transportation to get to and from school.

6. **Alternate furniture**

   If the child is finding it difficult to sit on the regular classroom chair, it will be worth considering getting a special chair for him for the classroom.

7. **Writing Aids**

   Writing aids include writing boards, special paper, pencil grips, and special pencil holders. Children with coordination problems may also benefit from a weighted vest.

Check your Progress

7. Who are orthopedically impaired?
8. How technology is helpful for students with orthopedically impaired in their learning?

7.6 LEARNING DISABLED CHILDREN – ETIOLOGY, CHARACTERISTICS, PREVENTION

A learning disability is a neurological disorder results from a difference in the way a person's brain is wired. They may have difficulty in reading, writing, spelling, reasoning, recalling and/or organizing information if left to figure things out by themselves or if taught in conventional ways. A learning disability can't be cured or fixed; it is a lifelong issue and with the right support and intervention, children with learning disabilities can succeed in school and often distinguished careers later in life.

Common learning disabilities

1. Dyslexia
2. Dyscalculia
3. Dysgraphia

1. Dyslexia – a language-based disability in which a person has trouble understanding written words. It may also be referred to as reading disability or reading disorder.

2. Dyscalculia – a mathematical disability in which a person has a difficult time solving arithmetic problems and grasping math concepts.

3. Dysgraphia – a writing disability in which a person finds it hard to form letters or write within a defined space.

Auditory and Visual Processing Disorders – sensory disabilities in which a person has difficulty understanding language despite normal hearing and vision.

Nonverbal Learning Disabilities – a neurological disorder which originates in the right hemisphere of the brain, causing problems with visual-spatial, intuitive, organizational, evaluative and holistic processing functions.

Symptoms

- Speaks later than most children
- Pronunciation problems
- Slow vocabulary growth, often unable to find the right word

- Difficulty rhyming words
- Trouble learning numbers, alphabet, days of the week, colors, shapes
- Extremely restless and easily distracted
- Trouble interacting with peers
- Difficulty following directions or routines
- Fine motor skills slow to develop
- Slow to learn the connection between letters and sounds
- Confuses basic words (run, eat, want)
- Slow to learn new skills, relies heavily on memorization
- Impulsive, difficulty planning
- Unstable pencil grip
- Trouble learning about time
- Avoids reading aloud
- Poor grasp of abstract concepts
- Either pays too little attention to details or focuses on them too much
- Misreads information

Causes for learning disabilities

Learning disabilities are caused by something affecting the development of the brain. Possible causes include the following:

- An inherited condition, meaning that certain genes passed from the parents affected the brain development, for example Fragile X.
- Chromosome abnormalities such as Down's syndrome or Turner syndrome.
- Complications during birth resulting in a lack of oxygen to the brain.
- A very premature birth.
- Mother's illness during pregnancy.
- Neglect, and/or a lack of mental stimulation early in life.
- Some people with learning disabilities have additional physical disabilities and/or sensory impairments.

Teaching Strategies for handling students with learning disabilities

- ✓ Establish a supportive relationship with the student.
- ✓ Focus on strengths.
- ✓ Include praise and encouragement as part of the student's learning and teaching experience.
- ✓ Simplify language, repeat words and clarify meanings.
- ✓ Observe the student's learning style and differentiate teaching and learning accordingly.
- ✓ Provide the student with tasks that are within his/her capacity.
- ✓ Enable the student to experience success through identifying realistic learning objectives for each lesson.
- ✓ Ensure tasks have a clear meaning and purpose.
- ✓ Use short sequential steps when teaching.
- ✓ Build opportunities for over-learning and repetition into lessons.
- ✓ Differentiate questioning as well as teaching.
- ✓ Give the student opportunities to generalise knowledge and skills.
- ✓ Incorporate the student's interests, aptitudes, experiences and skills into learning and teaching.
- ✓ Utilise active learning, participation and collaboration with peers.
- ✓ Pay particular attention to language and communication in all areas of the curriculum.
- ✓ Offer students curricular programmes with an emphasis on pre-vocational skills.
- ✓ Provide immediate feedback and opportunities for self-assessment.
- ✓ Give immediate feedback to learning disabled students.
- ✓ Make activities concise and short, whenever possible.
- ✓ Long, drawn-out projects are particularly frustrating for a learning disabled child.
- ✓ Learning disabled youngsters have difficulty learning abstract terms and concepts.
- ✓ Encourage cooperative learning activities when possible.
- ✓ Invite students of varying abilities to work together on a specific project or toward a common goal.

- ✓ Create an atmosphere in which a true community of learners is facilitated and enhanced.

Check your Progress

8. What are the common learning disabilities?
9. List some symptoms of learning disabled.

7.7 ANSWERS TO CHECK YOUR PROGRESS

1. Vision impairment, or low vision, means that even with eyeglasses, contact lenses, medicine, or surgery, someone doesn't see well. Blindness is defined as the state of being totally sightless in both eyes. A completely blind individual is unable to see at all. The word blindness is commonly used as a relative term to signify visual impairment, or low vision, meaning that even with eyeglasses, contact lenses, medicine or surgery, a person does not see well.

2.

- ❖ Always give oral instructions
- ❖ Ask students to clap to ask a question
- ❖ Provide tactile learning experiences
- ❖ Treat all of your students equally
- ❖ Consider the curriculum
- ❖ Record lessons
- ❖ Write with dark colours on the whiteboard
- ❖ Avoid using colours

3.

1. With mild hearing impairment, the minimum sound that can be heard is between 25 and 40 db. People at this level cannot hear soft noises and may have trouble following conversations in noisy settings.

2. With moderate hearing impairment, the minimum sound that can be heard is between 40 and 70 db. People at this level cannot hear

soft or moderately loud noises and may have trouble hearing unless they use a hearing aid.

3. With severe hearing impairment, the minimum sound that can be heard is between 70 and 95 db. People at this level are unable to hear most noises and may rely on lip-reading and/or sign language, even with the use of a hearing aid.

4. With profound hearing impairment, the minimum sound heard is 95 dB and over. People at this level may only hear very loud noises and rely solely on lip-reading and/or sign language. Hearing aids are not effective.

4. **Causes of hearing loss include:**

- Fluid in the middle ear as a result of colds
- Otitis media, commonly referred to as ear infection
- Poor eustachian tube function
- Perforated eardrum
- External otitis, commonly referred to as ear canal infection
- Allergies

5. Adaptive skills is a term that refers to skills needed for daily life. Such skills include the ability to produce and understand language (communication); home-living skills; use of community resources; health, safety, leisure, self-care, and social skills; self-direction; functional academic skills (reading, writing, and arithmetic); and job-related skills.

6. The mentally handicapped child, whose shortcomings lie in the area of relational and abstract thought, will always have difficulty in learning where he is required to play a passive role, and where the methods of communication is largely verbal.

7. Orthopedic impairment means a severe orthopedic impairment that adversely affects a child's educational performance and it includes impairments caused by congenital anomaly (e.g., clubfoot, absence of some member, etc.), impairments caused by disease (e.g., poliomyelitis, bone tuberculosis, etc.) and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns which cause contractures).

8. Student may also need assistive technology devices to help them communicate or lessons that address their disability, such as those that will help them improve their gross and fine motor skills. Devices and technologies that might be utilized may include wheelchairs, specialized desks, canes, crutches, communication software, or speech recognition software.

9. **Common learning disabilities**

1. Dyslexia
2. Dyscalculia
3. Dysgraphia

10. **Symptoms**

- Speaks later than most children
- Pronunciation problems
- Slow vocabulary growth, often unable to find the right word
- Difficulty rhyming words
- Trouble learning numbers, alphabet, days of the week, colors, shapes
- Extremely restless and easily distracted
- Trouble interacting with peers
- Difficulty following directions or routines
- Fine motor skills slow to develop
- Slow to learn the connection between letters and sounds
- Confuses basic words (run, eat, want)

7.8 SUMMARY

Vision impairment, or low vision, means that even with eyeglasses, contact lenses, medicine, or surgery, someone doesn't see well. Worldwide, between 300 million and 400 million people are visually impaired due to various causes. Common causes of blindness include diabetes, macular degeneration, traumatic injuries, infections of the cornea or retina, glaucoma, and inability to obtain any glasses. Explain any visuals, always

give oral instructions, ask students to clap to ask a question, Provide tactile learning experiences, Give visually impaired or blind students additional time to complete work and Treat all of your students equally are some of the teaching strategies for handling students with visual impairment.

The definition of a hearing impairment by the Individuals with Disabilities Education Act (IDEA) is an impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance but is not included under the definition of deafness.

Mental retardation (MR) is a developmental disability that first appears in children under the age of 18. It is defined as a level of intellectual functioning (as measured by standard intelligence tests) that is well below average and results in significant limitations in the person's daily living skills (adaptive functioning). Exposure to lead or mercury can also cause mental retardation. Individualisation, Learning by Doing, Need for Learning Readiness, Repetition, Short Periods, Concrete Problems, Graded Curriculums, Projects and Teaching the Trainable Mentally-Retarded are some of the strategies for handling students with mentally retarded.

7.9 KEYWORDS

Mild Visual Impairment – presenting visual acuity worse than 6/12
Moderate Visual Impairment – presenting visual acuity worse than 6/18
Severe Visual Impairment – presenting visual acuity worse than 6/60
Blindness – presenting visual acuity worse than 3/60

WHO – World Health Organisation

VI – Visual Impairment

IDEA - Individuals with Disabilities Education Act

NICHCY - National Dissemination Center for Children with Disabilities

DSM – IV – TR - Diagnostic and Statistical Manual of Mental Disorders, fourth edition, text revision

IQ – Intelligence Quotient

FAS - Fetal Alcohol Syndrome

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UNIT VIII – PSYCHOLOGY OF TEACHING AND LEARNING

Structure

8.0 INTRODUCTION

In this unit, you will learn about Psychology of teaching and learning in relation to the disabled learner and curriculum for disabled learners. You will also acquire knowledge about Pedagogy for disabled learners and Evaluation methods for disabled learners. We will discuss about the placement for disabled learners.

8.1 OBJECTIVES

After going through this unit, you will be able to

- Know about psychology of teaching and learning in relation to the disabled learner and curriculum for disabled learners
- Understand the concept of pedagogy, evaluation methods and placement for disabled learners.

8.2 PSYCHOLOGY OF TEACHING AND LEARNING IN RELATION TO THE DISABLED LEARNER

When teaching a student with any disability, it is important to remember that many of the principles for inclusive design could be considered beneficial to any student. The idea of Universal Design is a method of designing course materials, content, and instruction to benefit all learners. Instead of adapting or retrofitting a course to a specific audience, Universal Design emphasizes environments that are accessible to everyone regardless of ability.

Many of Universal Design's methods emphasize a deliberate type of teaching that clearly lays out the course's goals for the semester and for the particular class period. Similarly, some instructional material may be difficult for students with certain disabilities. For instance, when showing a video in class we need to consider the audience. Students with visual disabilities may have difficulty seeing non-verbalized actions; while those with disorders like photosensitive epilepsy may experience seizures with flashing lights or images; and those students with hearing loss may not be able to hear the accompanying audio. Using closed-captioning, providing electronic transcripts, describing on-screen action, allowing students to check the video out on their own, and outlining the role the video plays in the day's lesson helps reduce the access barrier for students with disabilities and allows them the ability to be an active member of the class.

Inviting students with disabilities to meet privately is a good step in starting a conversation with those students who need accommodations and feel comfortable approaching about their needs. In order to facilitate faculty members to properly address the needs of students who have disabilities, it is necessary that those students approach their instructors as soon as the course starts, preferably on the first day of class. If a person have a learning or physical disability, or if he/she learn best utilizing a particular method, discuss with them and know how they can best accommodate learning needs. If the teacher understand the learning needs of students, then, it will be easy for them to learn the concepts easily and

quickly. The following are helpful to know the psychological aspects of diverse learner in the classroom during teaching learning process.

- Provide an easily understood and detailed course materials. Make sure to issue the syllabus, texts, and other related materials before everyday class.
- Clearly spell out expectations (e.g., grading, material to be covered, due dates).
- Make sure that all students can access or arrange to meet staff members that is more accessible.
- Allow students who have difficulty concentrating to tape lectures or use a note taker.
- Give cues to the task at hand and/or break down tasks into small steps when students experience difficulty focusing on tasks.
- Offer breaks to students who become fatigued.
- Planning projects by breaking them into small, manageable parts
- Clearly detailed syllabi
- Advance notice for tests and quizzes

Check your Progress

➢ List some psychological aspects involved in teaching and learning process.

8.3 CURRICULUM FOR DISABLED LEARNERS

Curriculum Adaptation is an ongoing process that changes the regular prescribed curriculum by modifying or adapting it in terms of the content or delivery of instruction to meet the learning requirements of students with learning difficulties including children with disabilities. Teachers ought to adapt the curriculum to provide equity and meet the needs of diverse learners in order that all learners benefit and can fully

participate in the classroom activities. Adjustments or modifications can be made in

- Teaching and learning environment
- Teaching and learning strategies
- Level of support
- Assessment

Guidelines for Curriculum Adaptation

The following principles should be considered for adapting the curriculum:

a) The adaptation should not change the original concept of the curriculum used because the objectives of adaptation is to provide some learning experiences to all learners.

b) Modification in the instructional material should aim to facilitate maximum participation of children with learning difficulties in such a way that it also motivates all learners in the classroom.

If the child is primarily an auditory learner, offer adjustments in the mode of presentation by use of the following techniques:

1. Give verbal as well as written directions to assignments.
2. Place assignment directions on tape so that students can replay them when they need.
3. Give students oral rather than written tests.
4. Have students drill aloud to themselves or to other students.
5. Have children close their eyes to try and hear words or information.

Our strategies for self-advocacy and learning enable students to thrive in the classroom and beyond. Audio Visual curriculum helps the teachers to focus on the auditory and visual skills students need to become better readers and writers.

Individual tutorial curriculum is designed to:

- Provide a one-on-one student-teacher setting
- Provide strategies for success
- Advocate for themselves in the classroom
- Apply memory, sequencing, reasoning, and fine motor skills

- Apply figure-ground and discrimination skills
- Math curriculum is designed to build cognitive thinking and problem solving skills.
- Learn to utilize resource materials to improve their understanding of math concepts
- Equip students with strategies to become more capable writers, preparing them for success in high school, college, and beyond.

Our language arts curriculum covers:

1. Composition
2. Literature
3. Grammar
4. Language usage

Social Studies and Science

Social studies and science classes create valuable opportunities for students to practice and improve their study, research, and public speaking skills. Our social studies and science curriculum enables students to:

- Read, understand, and interpret graphic materials
- Effectively use a textbook and develop notetaking skills
- Utilize organizational skills to complete research projects
- Become effective and confident public speakers

Motor Skills

We are committed to raising general physical fitness through structured activities. Our motor skills curriculum promotes:

- Development of aerobic capacity, flexibility, and strength
- Enhanced perceptual motor skills
- Skill training and cooperation through a variety of team sports

Fine Arts

In our fine arts department, students learn and translate ideas through drama, music, and visual arts. Students learn to:

- Analyze, evaluate, critique, and interact with different mediums and with their peers
- Use technology to access information, process ideas, and communicate results

- Recognize and express connections between academic subjects

Keyboarding

A foundation for writing, technology, and other essential skills, keyboarding is an important part of our overall curriculum. In keyboarding class, students:

- Learn proper posture and finger placement for all letters
- Develop keyboarding accuracy and fluency
- Focus on the ideas rather than the mechanics of writing, which is particularly valuable for students with dysgraphia

Transition Track

The transition track enables students to:

- Integrate individual skills
- Learn and apply organizational and self-advocacy skills
- Develop the skills required to keep up in a traditional classroom

Technology

We focus on continuously enhancing and sustaining innovative technology in the classroom. Students have access to laptops, iPads, a 3D printer and a drone. Each classroom is equipped with the latest hardware engineering, including SMART Board technology, projectors and document cameras

Check your Progress

- How will you promote motor skills among disabled in curriculum?
- What are the output for social studies and science?

8.4 PEDAGOGY FOR DISABLED LEARNERS

During the initial phase of the lesson, the teacher appeared to try to develop concepts and ideas though questioning the children. They only rarely provided specific direct instruction. They also seemed to be characterized by talking about the activity of reading rather than engagement in reading. The classroom demonstrated a context in which the opportunities available to observe those children who were experiencing

literacy problems were constrained by the intersection of a number of factors.

Helping parents to develop positive perception of their child with disability:

- Read up and learn about the diagnosis of the children with disability in the class instead of relying on heresy.
- Remember that there are individual differences in children who may have the same diagnosis.
- Parents need to be informed about how their child is being supported and accommodated in school, and what the outcome of the support is. This may help parents to try out some strategies at home.
- Working collaboratively with parents and carers and encouraging involvement in the development of individual educational plan can enhance learning outcomes.

Check your Progress

- How will you help your parents to develop positive perception of their child with disability?

8.5 EVALUATION METHODS FOR DISABLED LEARNERS

Common tests used to diagnose a learning disability include intelligence tests, achievement tests, visual-motor integration, and language testing. This list includes some of the more common tests used in the diagnosis of a learning disability.

Intelligence Tests

Intelligence tests (often called IQ tests) are most commonly used to diagnose a learning disability include the Wechsler Preschool and Primary Scale of Intelligence (WIPPSI), Wechsler Intelligence Scale for Children (WISC), and the Wechsler Adult Intelligence Scale (WAIS). Other common intelligence, or cognitive, tests include the Stanford-Binet

Intelligence Test, Differential Abilities Scales (DAS), the Woodcock Johnson Test of Cognitive Abilities, and the Comprehensive Test of Nonverbal Intelligence (CTONI). Findings from these tests can help to find out the strength and weakness of students and schools can often suggest educational options or offer special support where it's needed.

Achievement Tests

Common achievement tests are used to diagnose a learning disability include the Woodcock-Johnson Tests of Achievement (WJ), the Wechsler Individual Achievement Test (WIAT), the Wide Range Achievement Test (WRAT), and the Kaufman Test of Educational Achievement (KTEA). These tests focus on reading, writing, and math. If the child has fallen behind in a particular academic area, schools can offer remedial support, tutoring, and other tools to help your child catch up.

Visual Motor Integration Tests

Common visual motor integration tests include the Bender Visual Motor Gestalt Test and the Developmental Test of Visual Motor Integration. Findings from these tests may help to determine the functioning of child's brain in connecting visual cues to motor coordination.

Language Tests

Commonly used language tests are used in the diagnosis of learning disabilities include the Clinical Evaluation of Language Fundamentals (CELF), Goldman Fristoe Test of Articulation, the Test of Language Development. These tests explore the child's ability to understand spoken and written language and to respond verbally to questions or cues.

Developmental Assessments

Norm-referenced scales are used to assess infants, toddlers, and preschoolers. Developmental assessments are used to find strengths and weaknesses in very young children who are thought to be experiencing delays.

Screening Tests

Quick, easy to administer tests that are used to identify children who may be below the norm in certain areas. The purpose is to quickly

assess the potential problem so more in-depth assessments can be administered.

Adaptive Behavior Scales

A student diagnosed with intellectual disabilities must show a deficit in adaptive behavior, or basic living skills. Adaptive behavior scales assess skills in daily living, community participation, social abilities, motor abilities, and communication.

Behavior Rating Scales

A parent or teacher fills out scales that rates particular behaviors of the student. Determines how intense or frequent a challenging behavior is by comparing scores to other students.

Curriculum-Based Assessment

Determines the student's skill level in a specific curriculum at a particular point in time. This form of assessment can determine if the student is making progress towards his IEP goal.

End-of-Grade Alternate Assessments

All students are tested at the end of each grade to show that they have made progress. Accountability laws, such as No Child Left Behind (NCLB), require that each student makes annual yearly progress. Students in special education usually take these tests with accommodations or take an alternate assessment.

Check your Progress

- How visual motor integration test useful for assessing disabled?
- List some intelligence tests.

8.6 PLACEMENT FOR DISABLED LEARNERS

Placement refers to the amount of time in each school day that a student spends in the resource or in a general education classroom. In deciding child’s placement, we must make sure the child spends as much of their school day (as is appropriate) with children who do not have disabilities. This includes academic, nonacademic, and after school

activities. This part of IDEA is called Least Restrictive Environment (LRE). The Least Restrictive Environment (LRE) for children with disabilities depends on each child's unique needs. Each school is going to offer its own set of special education programs and services, and the names of these programs will be different.

Regular class includes students who receive the majority of their education program in a regular classroom and receive special education and related services outside the regular classroom for less than 21 percent of the school day. Resource room includes students who receive special education and related services outside the regular classroom for at least 21 percent but not more than 60 percent of the school day.

Separate class includes students who receive special education and related services outside the regular classroom for more than 60 percent of the school day.

Residential facility includes students who receive education in a public or private residential facility, at public expense, for more than 50 percent of the school day.

Homebound/hospital environment includes students placed in and receiving special education in hospital or homebound programs.

Students with specific learning disabilities, other health impairments, orthopedic impairments, and serious emotional disturbance were generally served in regular schools, regular classes, resource rooms, and separate classes. Students with mental retardation continued to be served primarily in resource rooms and separate classrooms.

Students with multiple disabilities, autism, deaf-blindness, and traumatic brain injury were typically served in more restrictive settings than other students with disabilities. Separate class and separate day school placements were most common for students with multiple disabilities, autism, and traumatic brain injury. The majority of students with deaf-blindness were served in separate classes, separate schools, or residential facilities.

Life Skills

This helps students with many different types of disabilities but generally those who need support with academic, social, or behavioral issues as well as daily living skills.

Social Behavior Skills (SBS)

In this program, trained teachers help students learn decision-making and social skills (to promote self-responsibility) with other peers around.

Transition or 18+

Most of these programs are designed to help the student build more independence and get ready to go out into the workforce. Students might stay in the classroom for some of the day and go to job training for the rest of the day.

Check your Progress

7. What is resource room?
8. What is home bound/ hospital environment?

8.7 ANSWERS TO CHECK YOUR PROGRESS

1.

Psychological aspects involved in teaching and learning process.

- Provide an easily understood and detailed course materials. Make sure to issue the syllabus, texts, and other related materials before everyday class.
- If materials are on-line, consider colors, fonts, and formats that are easily viewed by students with low vision or a form of color blindness.
- Clearly spell out expectations (e.g., grading, material to be covered, due dates).

- Make sure that all students can access or arrange to meet staff members that is more accessible.
- Allow students who have difficulty concentrating to tape lectures or use a note taker.
- Provide alternative testing (extended time and/or distraction free room) for students who are easily distracted by noise or activity.
- Give cues to the task at hand and/or break down tasks into small steps when students experience difficulty focusing on tasks.
- Offer breaks to students who become fatigued.

2.

Motor skills curriculum promotes:

- Development of aerobic capacity, flexibility, and strength
- Enhanced perceptual motor skills
- Skill training and cooperation through a variety of team sports

3.

Social studies and science curriculum enables students to:

- Read, understand, and interpret graphic materials
- Effectively use a textbook and develop notetaking skills
- Utilize organizational skills to complete research projects
- Become effective and confident public speakers
- Understand, follow, and complete scientific experiments to enhance critical thinking and problem-solving skills

4.

Helping parents to develop positive perception of their child with disability:

- Read up and learn about the diagnosis of the children with disability in the class instead of relying on heresy.
- Remember that there are individual differences in children who may have the same diagnosis.
- Find out from parents how their child communicate, spend time and how they support their child this often shed lights on the child's strengths.

- It is important for teachers to be nonjudgmental towards parents, which enable a positive attitude. Parents are not to be blamed for having a child with disability.

5.

Visual motor integration tests are supplementary tests that many evaluators use to support a learning disability evaluation. Common visual motor integration tests include the Bender Visual Motor Gestalt Test and the Developmental Test of Visual Motor Integration. Findings from these tests may help to determine the functioning of child's brain in connecting visual cues to motor coordination.

6.

1. Wechsler Preschool and Primary Scale of Intelligence (WIPPSI)
2. Wechsler Intelligence Scale for Children (WISC)
3. Wechsler Adult Intelligence Scale (WAIS)
4. Stanford-Binet Intelligence Test
5. Differential Abilities Scales (DAS)
6. Woodcock Johnson Test of Cognitive Abilities and
7. Comprehensive Test of Nonverbal Intelligence (CTONI)

7.

Resource room includes students who receive special education and related services outside the regular classroom for at least 21 percent but not more than 60 percent of the school day. This may include students placed in resource rooms with part-time instruction in a regular class.

8.

Homebound/hospital environment includes students placed in and receiving special education in hospital or homebound programs.

8.8 SUMMARY

Universal Design emphasizes environments that are accessible to everyone regardless of ability. Curriculum Adaptation is an ongoing process that changes the regular prescribed curriculum by modifying or adapting it in terms of the content or delivery of instruction to meet the

learning requirements of students with learning difficulties including children with disabilities. Audio Visual curriculum helps the teachers to focus on the auditory and visual skills students need to become better readers and writers. Intelligence tests (often called IQ tests) are most commonly used to diagnose a learning disability and help to find out the strength and weakness of students and schools can often suggest educational options or offer special support where it's needed.

Achievement tests are used to diagnose a learning disability and these tests focus on reading, writing, and math. Academic tests evaluate the student's performance in reading, writing, arithmetic, and other school subjects. These tests are usually given to students being considered for special education.

Visual motor integration tests are supplementary tests that many evaluators use to support a learning disability evaluation. These tests may help to determine the functioning of child's brain in connecting visual cues to motor coordination.

Language Tests explore the child's ability to understand spoken and written language and to respond verbally to questions or cues. Norm-referenced scales are used to assess infants, toddlers, and preschoolers. Developmental assessments are used to find strengths and weaknesses in very young children who are thought to be experiencing delays.

Adaptive behavior scales assess skills in daily living, community participation, social abilities, motor abilities, and communication. Curriculum-Based Assessment determines the student's skill level in a specific curriculum at a particular point in time. Placement refers to the amount of time in each school day that a student spends in the resource or in a general education classroom. The Least Restrictive Environment (LRE) for children with disabilities depends on each child’s unique needs.

Regular class includes students who receive the majority of their education program in a regular classroom and receive special education and related services outside the regular classroom for less than 21 percent of the school day. Resource room includes students who receive special education and related services outside the regular classroom for at least 21

percent but not more than 60 percent of the school day. Separate class includes students who receive special education and related services outside the regular classroom for more than 60 percent of the school day.

Residential facility includes students who receive education in a public or private residential facility, at public expense, for more than 50 percent of the school day. Homebound/hospital environment includes students placed in and receiving special education in hospital or homebound programs.

Students with mental retardation continued to be served primarily in resource rooms and separate classrooms. Students with multiple disabilities, autism, deaf-blindness, and traumatic brain injury were typically served in more restrictive settings than other students with disabilities. Separate class and separate day school placements were most common for students with multiple disabilities, autism, and traumatic brain injury. The majority of students with deaf-blindness were served in separate classes, separate schools, or residential facilities.

8.9 KEYWORDS

WIPPSI - Wechsler Preschool and Primary Scale of Intelligence

IQ – Intelligence Quotient

WISC - Wechsler Intelligence Scale for Children

WAIS - Wechsler Adult Intelligence Scale

DAS - Differential Abilities Scales

CTONI - Comprehensive Test of Nonverbal Intelligence

WRAT - Wide Range Achievement Test

WIAT - Wechsler Individual Achievement Test

CELF - Clinical Evaluation of Language Fundamentals

DIAL - Developmental Indicators for the Assessment of Learning

DIBELS - Dynamic Indicators of Basic Early Literacy Skills

NCLB - No Child Left Behind

LRE - Least Restrictive Environment

FAPE - Free Appropriate Public Education

PPCD - Preschool Program for Children with Disabilities

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UNIT IX – SPECIAL CHILDREN WITH PHYSICAL DISABILITIES

Structure

9.0 INTRODUCTION

In this unit, you will learn about basis classification, characteristics and etiology of various disabilities. You will also acquire knowledge and discuss about educational needs and problems of various disabled persons.

9.1 OBJECTIVES

After going through this unit, you will be able to

- Know about basis classification, characteristics and etiology of various disabilities
- Understand the concept of educational needs and problems of various disabled persons.

9.2 BASIS CLASSIFICATION, CHARACTERISTICS, ETIOLOGY, EDUCATIONAL NEEDS AND PROBLEMS OF PHYSICALLY DISABLED

Classification of Physical Disabled

Disability in mobility can be either an in-born or acquired with age problem. It could also be the effect of a disease. People who have a broken bone also fall into this category of disability. This category of disability includes people with varying types of physical disabilities including:

- Upper limb(s) disability
- Lower limb(s) disability
- Manual dexterity

Acquired brain injury

Acquired brain injuries are due to damage that happens to the brain after birth. They can be caused through a wide range of factors including a blow to the head, stroke, alcohol or drugs, infection, disease such as AIDs or cancer, or a lack of oxygen. It is common for many people with a brain injury to have trouble processing information, planning, and solving problems.

Spinal cord injury (SCI)

The spinal cord can become injured if too much pressure is applied and/or if the blood and oxygen supply to the spinal cord is cut. When the spinal cord has been damaged, it leads to a loss of function such as mobility or feeling. Other causes include cancer, arthritis, infections, blood clots, and degenerative spinal conditions. As well as affecting the ability to move through paralysis, it may affect many areas of a person's body – such as the cardiovascular and respiratory systems, bladder and bowel function, temperature, and sensory abilities.

Cerebral palsy

Cerebral palsy is typically due to an injury to the developing brain before or during birth, caused by a reduced blood supply and lack of oxygen to the brain. Illnesses during pregnancy such as rubella (the German measles), accidental injury to the brain, meningitis in young

children, and premature birth can all be causes. People with Cerebral palsy may experience weakness, difficulty walking, lack of muscle control, problems with coordination, involuntary movements, and other symptoms.

Epilepsy

Epilepsy is a neurological condition where a person has a tendency to have recurring seizures due to a sudden burst of electrical activity in the brain. Seizures can cause unusual movements, odd feelings or sensations, a change in a person's behaviour, or cause them to lose consciousness. Some people can control their seizures with medication and the condition is not lifelong for every person.

Characteristics of Physically disabled

Students with a physical disability have an acquired or congenital physical and/or motor impairment such as cerebral palsy, spina bifida, muscular dystrophy, arthritis, developmental coordination disorder, amputations, genetic disorders, etc. Physical characteristics may include:

- paralysis
- altered muscle tone
- an unsteady gait
- loss of, or inability to use, one or more limbs
- difficulty with gross-motor skills such as walking or running
- difficulty with fine-motor skills such as buttoning clothing or printing/writing

Causes of Physical Disability

Physical disability may either be congenital or caused by a condition or event in later life, for instance injury, muscular dystrophy, multiple sclerosis, cerebral palsy, amputation, heart disease, pulmonary disease, etc. Some persons may also have hidden (invisible) physical disabilities, which include pulmonary disease, respiratory disorders, epilepsy and other limiting conditions.

Congenital disability means that the disorder developed before or during the birth of a child.

Acquired disability means that the affected person developed his/her impairment by external causes any time during his/her life.

This is commonly associated with diseases the mother acquired during her pregnancy, external influences such as poisoning, alcohol or drugs consumption during pregnancy or using wrong medication. Genetic causes may include mutation of genes or be based on genetic incompatibilities between parents.

Perinatal ethiology embraces the time during the birth process. Finally, postnatal ethiology encompasses time shortly after birth. The child may be involved in an accident, may develop serious infection or other illnesses that causes impairment after birth.

Educational needs and problems of Physically disabled

The impact of physical disability on learning will vary but for most students the issues of most significance relate to physical access, manipulation of equipment (e.g. in a laboratory), access to computers, participation in field trips and the time and energy expended in moving around campus. Students may be affected in the following ways:

- When there is limited time to move between venues, students may miss the beginning of a class.
- Fatigue is common for many of these students.
- Using facilities that others take for granted, such as toilets, food-outlets, libraries and lecture rooms, may be a major undertaking.
- Some students may experience functional difficulties:
    - i. an inability to write using a pen;
    - ii. reduced writing speed;
    - iii. involuntary head movements which affect the ability to read standard-sized print; and
    - iv. reduced ability to manipulate resources in the learning environment.
- They may have difficulty turning pages or using standard computers.
- Students may have frequent or unexpected absences from class owing to hospitalisation or changes in their rehabilitation or treatment procedure. Earlier periods of hospitalisation may have meant gaps in schooling.

Check your Progress

1. What are the causes for physically disabled?

9.3 BASIS CLASSIFICATION, CHARACTERISTICS, ETIOLOGY, EDUCATIONAL NEEDS AND PROBLEMS OF VISUALLY HANDICAPPED

Classification of Visually handicapped

The World Health Organization uses the following classifications of visual impairment. When the vision in the better eye with BEST POSSIBLE glasses correction is:

- 20/30 to 20/60 is considered mild vision loss, or near-normal vision
- 20/70 to 20/160 is considered moderate visual impairment, or moderate low vision
- 20/200 to 20/400 is considered severe visual impairment, or severe low vision.
- 20/500 to 20/1,000 is considered profound visual impairment, or profound low vision
- less than 20/1,000 is considered near-total visual impairment, or near total blindness
- no light perception is considered total visual impairment, or total blindness.

Characteristics of Visually Handicapped

- Crossed eyes, eyes that turn out, eyes that flutter from side to side or up and down, or eyes that do not seem to focus are physical signs that a child has vision problems.
- A child might have a vision problem if he appears to be overly clumsy.
- Some children who have vision problems appear to have a short attention span.

- Often children are sensitive to bright light or might sit close to the television or hold books that they are reading close to their face.
- Poor eye and hand coordination can be another sign that a child has a vision problem, therefore parents should observe a young child as he plays.
- Signs of poor eye-hand coordination might include difficulty throwing or catching a ball, tying shoes or copying schoolwork from the blackboard.
- Poor handwriting is often another sign of poor eye-hand coordination.
- Children with vision problems can find it difficult to write as well or might have problems with math and other subjects.

Causes for visually handicapped

Globally, the leading causes of vision impairment are:

- uncorrected refractive errors
- cataract
- age-related macular degeneration
- glaucoma
- diabetic retinopathy

Among children, the causes of vision impairment varies considerably across countries. For example, in low-income countries congenital cataract is a leading cause, whereas in high income countries it is more likely to be retinopathy of prematurity.

Educational needs and problems of Visually handicapped

Visual loss imposes three basic limitations on children. These limitations include the range and variety of experiences, the ability to get about and the limitations in the ability to control the environment and oneself. The teaching of Braille and other tool subjects in which the remaining senses take the place of sight are only the obvious and elementary attempts to meet the needs of the blind child.

Totally blind children who are born without sight or those who have lost their sight early in life must build up their conception of the

world by the use of their remaining senses. The main importance of the sense of hearing to a child with blindness is to facilitate verbal communication and aid in movement.

Children with visual impairments are also restricted in the ability to get about. The total blind person is indeed greatly handicapped in his mobility and at best must reconcile himself to a considerable declaration of his movements.

Children with visual loss also experience restriction in the control of the environment and themselves in relation to it. Among the human senses, sight is the one which overcomes distance and gives at the same time details and relationships of form, size, and position.

Visual experiences have therefore an actual perception of an object which intern facilitates a contact with and control of the environment far greater than that achieved by the other senses.

A blind person, for instance, who finds himself in unaccustomed surrounding, cannot become informed about his situation within the environment by any rapid process as seeing person do by just glancing around.

Check your Progress

2. List some causes for visually handicapped.

9.4 BASIS CLASSIFICATION, CHARACTERISTICS, ETIOLOGY, EDUCATIONAL NEEDS AND PROBLEMS OF AUDIO HANDICAPPED

Classification of Audio handicapped

The main types of hearing loss are sorted into three categories:

- Sensorineural,
- conductive, or
- mixed.

Sensorineural hearing loss

Roughly half of all people older than 75 have hearing loss. The most common type of hearing loss is sensorineural. It is a permanent hearing loss that occurs when there is damage to either the tiny hair-like cells of the inner ear or the auditory nerve itself, which prevents or weakens the transfer of nerve signals to the brain.

Conductive hearing loss

Ear infections in children are a common cause of conductive hearing loss. A less common type of hearing loss is conductive hearing loss, which occurs when there is an obstruction or damage to the outer or middle ear that prevents sound from being conducted to the inner ear.

Mixed hearing loss

Mixed hearing loss is any combination of sensorineural and conductive hearing loss. Hearing loss may be ranked as slight, mild, moderate, moderately severe, severe or profound as defined below:

- Slight: between 16 and 25 dB HL
- Mild:

  for adults: between 26 and 40 dB HL

  for children: between 20 and 40 dB HL
- Moderate: between 41 and 54 dB HL
- Moderately severe: between 55 and 70 dB HL
- Severe: between 71 and 90 dB HL
- Profound: 91 dB HL or greater
- Totally deaf: Have no hearing at all. This is called anacusis.

Characteristics of audio handicapped

Some of the common characteristics of deafness commonly found in classrooms include the following:

- Difficulty following verbal directions
- Difficulty with oral expression
- Some difficulties with social/emotional or interpersonal skills
- Will often have a degree of language delay
- Often follows and rarely leads
- Will usually exhibit some form of articulation difficulty

- Remember that devices do not return the child's hearing to normal.
- Check the device often to ensure it is working.
- Use visual approaches whenever possible.
- Establish predictable routines for this child.
- Use a home/school communication book.
- Keep close proximity to the student.
- Provide small group work when possible.
- Provide visual materials and demos whenever possible.

Etiology

- Normal aging
- Cardiovascular diseases
- Infections such as meningitis, mumps, scarlet fever and measles
- Meniere's disease
- A side effect from medicines
- Autoimmune diseases
- Stenosis or a narrowing of the ear canal
- Wax impaction.
- Otitis externa (also known as swimmer's ear)
- Obstructions caused by foreign bodies inserted into the ear
- Microtia
- Tympanosclerosis, a thickening of the tympanic membrane
- Otitis media (ear infection) and/or a buildup of fluid in the middle ear

Educational needs and problems of audio handicapped

Classroom Acoustics:

Deaf or hard-of-hearing students need full visual access, so the best seating arrangement for full participation, engagement and access by these students is to arrange desks in a U shape. This will allow the students to see who is speaking, and participate fully in the conversation.

Lighting

Fluorescent lights emit a special sound that interferes with hearing aids and cochlear implants, making it even more difficult when trying to

distinguish what peers or the teacher are saying. Windows and light should not be behind the interpreter or teacher because this makes it difficult, if not impossible, to see the signs produced by the interpreter or the teacher's lesson.

Language Deficiencies

Keep in mind that some deaf students' first (or second!) language may not be English. Be sure to provide an appropriate interpretation service that will effectively communicate the lesson in their primary language.

Experiential Shortages

Research shows that deaf students often lag behind their hearing peers when it comes to number concepts, language and problem solving skills. Hearing students constantly absorb new information and knowledge through the daily noises, conversations and language that is spoken around them.

Lip-Reading/Residual Hearing

Teachers often hypothesize that their deaf students are capable of lip-reading – which can be true – but it is essential to keep in mind that only 30-40% of spoken English is distinguishable on the lips. When lecturing students, teachers should consistently face their deaf students, never talk when handing out papers, pause before heading into a new subject and give the deaf student applicable time to process the preceding subject's information in case he/she has any questions.

Social Concerns

Children who are deaf often tend to feel uncomfortable in the classroom when drawing attention to their hearing problem. They want to be like their friends with 'normal' hearing, so this drives them to mainly keep to themselves and prefer to not take part in classroom activities.

Collaboration

Teachers remain in constant, close communication with the student and his or her parents, as well as make sure the interpreter is available to assist with complete understanding.

Curriculum and Instruction

To assist the deaf student we would provide them with a written or digital copy of the lecture information beforehand. If it is preferred that the student engages more actively in class, teachers can provide a printed copy listing key points, so that the majority of the student's attention remains on the lesson.

Lack of Resources

Proper technological devices that could significantly increase the learning development process be any form of assistive technology – interactive whiteboards, VRI, chat rooms, strobe lights, digital pen technology, closed captioning on all movies and videos, infra-red systems – hearing aid compatible, computer assisted note taking, ASL videos for testing materials, alert systems such as vibrating systems, and alarms and interpreters in the classroom.

Check your Progress

3. List out the types of hearing loss.

9.5 BASIS CLASSIFICATION, CHARACTERISTICS, ETIOLOGY, EDUCATIONAL NEEDS AND PROBLEMS OF ORTHOPEDICALLY HANDICAPPED

Classification

Five different types of orthopedic impairments and how they can be treated.

Osteomyelitis

Osteomyelitis is a chronic condition affecting an individual's bones and joints. This condition is most often introduced into the body through untreated abrasions and if it is not treated quickly, reconstructive orthopedic surgery may be required.

Spinal Tuberculosis

Tuberculosis, also known as TB, is a highly infectious disease that can result in severe symptoms and death. During this process, the impairment can be detrimental and will affect various areas of an individual's life; therefore resulting in death if not treated correctly.

Cerebral Palsy

While cerebral palsy is technically a type of chronic motor condition affecting the body in entirety, it can lead to an inability to move, a lack of muscle tone, and a lack of muscle coordination.

The Cleft Lip

A cleft lip is a common deformity and will occur as part of childhood development. The various parts of the face continue to form and, typically, the body will fuse the areas together.

Angular Bone Deformity

An angular bone deformity is a simple bending of the bones above the knee and is a result of variations in normal growth patterns. The angular deformity will contribute to "knock knees" or "bow legs" and this can become worse as the child ages.

Characteristics of Orthopedically handicapped

The referral characteristics for the student with an orthopedic impairment (OI) fall more into the area of physical characteristics. These may include paralysis, unsteady gait, poor muscle control, loss of limb, etc.

Educational needs and problems of orthopedically handicapped

For a student with orthopedic disabilities to access a generalized curriculum, an educator might be required to meet the following accommodations:

- ❖ Seating arrangements to develop useful posture and movements
- ❖ Instruction that is focused on development of gross and fine motor skills
- ❖ Ensuring suitable augmentative communication and other assistive devices
- ❖ Adequate awareness of the student's medical condition and its affect on the student

- ❖ Special seating arrangements to develop useful posture and movements
- ❖ Instruction focused on development of gross and fine motor skills

Check your Progress
4. Give some accommodations of orthopedically handicapped.

9.6 ANSWERS TO CHECK YOUR PROGRESS

1. Physical disability may either be congenital or caused by a condition or event in later life, for instance injury, muscular dystrophy, multiple sclerosis, cerebral palsy, amputation, heart disease, pulmonary disease, etc.

2. **Causes for visually handicapped**

Globally, the leading causes of vision impairment are:

- uncorrected refractive errors
- cataract
- age-related macular degeneration
- glaucoma
- diabetic retinopathy
- corneal opacity
- trachoma.

3. **Types of hearing loss**

- ❖ Slight: between 16 and 25 dB HL
- ❖ Mild:
  for adults: between 26 and 40 dB HL
  for children: between 20 and 40 dB HL
- ❖ Moderate: between 41 and 54 dB HL
- ❖ Moderately severe: between 55 and 70 dB HL
- ❖ Severe: between 71 and 90 dB HL

- Profound: 91 dB HL or greater
- Totally deaf: Have no hearing at all. This is called anacusis.

4.

- Seating arrangements to develop useful posture and movements
- Instruction that is focused on development of gross and fine motor skills
- Ensuring suitable augmentative communication and other assistive devices
- Adequate awareness of the student's medical condition and its affect on the student
- Special seating arrangements to develop useful posture and movements
- Instruction focused on development of gross and fine motor skills

9.7 SUMMARY

People who have a broken bone also fall into this category of disability. This category of disability includes people with varying types of physical disabilities including Upper limb(s) disability, Lower limb(s) disability and Manual dexterity. Students with a physical disability have an acquired or congenital physical and/or motor impairment such as cerebral palsy, spina bifida, muscular dystrophy, arthritis, developmental coordination disorder, amputations, genetic disorders etc. Students with a mobility impairment may have fewer opportunities for interaction with other students. Crossed eyes, eyes that turn out, eyes that flutter from side to side or up and down, or eyes that do not seem to focus are physical signs that a child has vision problems. Other children might blink frequently or squint whenever they read or watch television. uncorrected refractive errors, cataract, age-related macular degeneration, glaucoma, diabetic retinopathy, corneal opacity and trachoma are some of the causes for visually handicapped.

Difficulty following verbal directions, Difficulty with oral expression, Some difficulties with social/emotional or interpersonal skills,

Will often have a degree of language delay, Often follows and rarely leads are some of the characteristics of audio handicapped. Infections such as meningitis, mumps, scarlet fever and measles, Meniere's disease, A side effect from medicines, Acoustic neuroma or other cancerous growths in the inner ear, Traumatic injuries that damage the inner ear or auditory nerve and Autoimmune diseases are some of the causes for audio handicapped. Classroom Acoustics, Lighting, Language Deficiencies, Experiential Shortages, Lip-Reading/Residual Hearing, Inadequate Knowledge and Awareness, Social Concerns, Collaboration, Curriculum and Instruction and Lack of Resources are some of the educational needs and problems of audio handicapped.

Five different types of orthopedic impairments are Osteomyelitis, Spinal tuberculosis, cerebral palsy, cleft lip and angular bone deformity. The referral characteristics for the student with an orthopedic impairment (OI) fall more into the area of physical characteristics like paralysis, unsteady gait, poor muscle control, loss of limb, etc. Seating arrangements to develop useful posture and movements, Instruction that is focused on development of gross and fine motor skills, Ensuring suitable augmentative communication and other assistive devices, Adequate awareness of the student's medical condition and its affect on the student, Special seating arrangements to develop useful posture and movements and Instruction focused on development of gross and fine motor skills are some of the accommodations for orthopedically handicapped.

9.8 KEYWORDS

SCI - Spinal Cord Injury

BIAP - International Bureau Audiophonology

TB – Tuberculosis

OI - Orthopedic Impairment

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UNIT X – SOCIALLY DEPRIVE

Structure

10.0 INTRODUCTION

In this unit, you will learn about meaning and types of socially deprive children. You will also acquire knowledge about meaning and types of emotionally disturbed children. You will also understand the etiology of Dyslexic Delicate Children.

10.1 OBJECTIVES

After going through this unit, you will be able to

- Know about meaning and types of socially deprived children and emotionally disturbed children
- Understand the etiology of Dyslexic delicate children.

10.2 MEANING AND TYPES OF SOCIALLY DEPRIVE

A deprived child is one who is:

- Without proper parental care or control, subsistence, education as required by law, or other care or control necessary for his physical, mental, or emotional health or morals
- Has been placed for care or adoption in violation of law
- Has been abandoned by parents or other legal custodian
- Is without a parent, guardian, or custodian

Social deprivation is the reduction or prevention of culturally normal interaction between an individual and the rest of society. This social deprivation is included in a broad network of correlated factors that contribute to social exclusion; these factors include mental illness, poverty, poor education, and low socioeconomic status. The socially deprived may experience a deprivation of basic capabilities due to a lack of freedom, rather than merely low income. This lack of freedoms may include reduced opportunity, political voice, or dignity. The excluded member is denied access to the resources that allow for healthy social, economic, and political interaction. Pierson has identified five key factors that set social exclusion in motion –

a) poverty,
b) lack of access to jobs,
c) denial of social supports or peer networks,
d) exclusion from services, and
e) negative attitude of the local neighbourhood.

It is also associated with abusive caretaking, developmental delay, mental illness and subsequent suicide. The lower socioeconomic statuses, in turn, become socially deprived based on the lack of access to freedoms. The ultimate goal was improving the selected children's quality of life through the educational system and later on as adults.

Types of Social deprive

According to Tripathi (1982) there are different types of deprivation on account of different criteria such as social, economical, political, educational, environmental etc. apart from various need deprivation such as food, water, sleep, sex etc. Such clubbing is done under the headings

(a) Organismic vs. Environmental

(b) Objective vs, Subjective

(c) Absolute vs. Relative.

(a) Organismic vs. Environmental:

It is said that deprivation is the property of either organism or environment. When an individual lacks fulfillment of needs such as food, water, sleep, sex etc., he feels organismic deprivation.

(b) Objective vs. subjective:

Objective deprivation creates a basic need in individual's mind which is required to satisfy the psychological functioning. In the subjective deprivation the particular individual will have to know his wants and if he is not satisfied with these, he will feel deprived.

(c) Absolute vs. relative:

When the primary needs are not satisfied one can feel absolute deprivation. Relative deprivation is something opposite to absolute deprivation i.e., deprivation of all the secondary needs fall under this category.

Check your Progress

1. Give few points about objective vs. subjective type social deprivation.

10.3 EMOTIONALLY DISTURBED CHILDREN: MEANING AND TYPES

Emotional disorder is a mental disorder in which one's emotions are disturbed to a great extent. It is a psychological condition in which

thoughts and emotions are not in the proper state. Emotional disturbance means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance:

a) An inability to learn that cannot be explained by intellectual, sensory or health factors;

b) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;

c) Inappropriate types of behavior or feelings under normal circumstances

Causes

According to National Alliance on Mental Illness (NAMI), mental illnesses can affect persons of any age, race, religion, or income. Further:

i) Mental illnesses are not the result of personal weakness, lack of character, or poor upbringing.
ii) Mental illnesses are treatable.
iii) Most people diagnosed with a serious mental illness can experience relief from their symptoms by actively participating in an individual treatment plan.

Types of emotional disturbance

Emotional disorders in children are broadly categorized into

- conduct disorders,
- affective disorders (emotional disturbances),
- personality disorders,
- anxiety disorders, and so on.

Conduct Disorders

Children suffering from conduct disorders are mostly diagnosed with anti-social behaviors, namely aggressiveness, throwing tantrums, stealing, lying, and hostility, destructive and manipulative attitude.

Affective Disorders

Emotional disorders list include improper eating habits, depression, and extreme stress; most of these lead to negative behavior in the individual's personality.

Personality Disorders

The personality disorder may be schizotypal, showing uneasiness in close relationships or borderline, marked by uncertainty in interpersonal relationship or dependent, exhibiting a highly clinging attitude with the need to be cared for.

Anxiety Disorders

Anxiety disorder includes phobia, panic, obsessive-compulsive disorders, separation anxiety, and post-traumatic stress disorder. These include such different disorders as generalized anxiety disorder, panic disorder, Obsessive-Compulsive Disorder (OCD), Post-Traumatic Stress Disorder (PTSD), social anxiety disorder and specific phobias.

Attention Deficit Hyperactivity Disorder

Children exhibiting over activity and short span of attention are easily diverted and are unable to consolidate their schedules.

Oppositional Defiant Disorder

Children easily lose their temper and argue a lot with others. They are quickly irritated by others and express anger often.

Pervasive Development Disorder

Distortions in the thought process of a child and delay in development is caused when the brain is incapable of processing the information. It includes autism and Asperger's syndrome.

Schizophrenia

Schizophrenia includes poor reasoning and judgment, hallucinations, delusions, lack of motivation and concentration.

Bipolar Disorder

Also known as manic-depressive illness, bipolar disorder is a serious medical condition that causes dramatic mood swings from overly high and/or irritable to sad and hopeless, and then back again, often with periods of normal mood in between.

Eating Disorders

Eating disorders are characterized by extremes in eating behavior—either too much or too little—or feelings of extreme distress or concern about body weight or shape. Anorexia nervosa and bulimia nervosa are the

two most common types of eating disorders. Anorexia nervosa is characterized by self-starvation and dramatic loss of weight. Bulimia nervosa involves a cycle of binge eating, then self-induced vomiting or purging. Both of these disorders are potentially life-threatening.

Obsessive-Compulsive Disorder

Often referred to as OCD, obsessive-compulsive disorder is actually considered an anxiety disorder (which was discussed earlier in this fact sheet). OCD is characterized by recurrent, unwanted thoughts (obsessions) and/or repetitive behaviors (compulsions). A large body of scientific evidence suggests that OCD results from a chemical imbalance in the brain. Treatment for most people with OCD should include one or more of the following:

- therapist trained in behavior therapy;
- Cognitive Behavior Therapy (CBT);
- medication (usually an antidepressant).

Psychotic Disorders

Psychotic disorders refer to severe mental disorders that cause abnormal thinking and perceptions. Two of the main symptoms are delusions and hallucinations. Most of psychotic disorders are treated with a combination of medications and psychotherapy (a type of counseling).

Check your Progress

2. List some types of emotional disturbances disorders.

10.4 DYSLEXIC DELICATE CHILDREN: ETIOLOGY

Dyslexia facts

Dyslexia is the most common learning disability in children and persists throughout life. Diagnosis of dyslexia involves reviewing the child's processing of information from seeing, hearing, and participating in activities.

- Dyslexia is difficulty in learning to read.

- Dyslexia can be related to hereditary factors or other factors that affect brain development.

Etiology

Children with dyslexia have difficulty in learning to read despite traditional instruction, at least average intelligence, and adequate motivation and opportunity to learn. Researchers have recently identified specific genes identified as possibly contributing to the signs and symptoms of dyslexia. This research is very important because this may permit the identification of those children at risk for developing dyslexia and allow for earlier educational interventions and better outcomes.

Here are some of the possible causes of dyslexia:

Genes and heredity

Dyslexia often runs in families. About 40 percent of siblings of kids with dyslexia have the same struggles with reading. As many as 49 percent of parents of kids with dyslexia have it, too.

Brain anatomy and activity

Brain imaging studies have shown brain differences between people with and without dyslexia. Reading skills are knowing how sounds are represented in words, and recognizing what written words look like.

Dyslexia risk factors include

- A family history of dyslexia or other learning disabilities
- Premature birth or low birth weight
- Individual differences in the parts of the brain that enable reading

Dyslexia can lead to a number of problems, including

Trouble learning

Because reading is a skill basic to most other school subjects, a child with dyslexia is at a disadvantage in most classes and may have trouble keeping up with peers.

Social problems

Left untreated, dyslexia may lead to low self-esteem, behavior problems, anxiety, aggression, and withdrawal from friends, parents and teachers.

Problems as adults

The inability to read and comprehend can prevent a child from reaching his or her potential as the child grows up. This can have long-term educational, social and economic consequences.

Check your Progress

3. State some facts about Dyslexia.

10.5 ANSWERS TO CHECK YOUR PROGRESS

1. **Objective Vs. subjective:**

Objective deprivation creates a basic need in individual's mind which is required to satisfy the psychological functioning. In the subjective deprivation the particular individual will have to know his wants and if he is not satisfied with these, he will feel deprived.

2.

- conduct disorders,
- affective disorders (emotional disturbances),
- personality disorders,
- anxiety disorders, and so on.

3. Dyslexia is the most common learning disability in children and persists throughout life. The severity of dyslexia can vary from mild to severe. The sooner dyslexia is treated, the more favorable the outcome. Diagnosis of dyslexia involves reviewing the child's processing of information from seeing, hearing, and participating in activities.

- ❖ Dyslexia is difficulty in learning to read.
- ❖ Dyslexia can be related to hereditary factors or other factors that affect brain development.

10.6 SUMMARY

A deprived child is one who is:

- Without proper parental care or control, subsistence, education as required by law, or other care or control necessary for his physical, mental, or emotional health or morals
- Has been placed for care or adoption in violation of law
- Has been abandoned by parents or other legal custodian
- Is without a parent, guardian, or custodian

Social deprivation is the reduction or prevention of culturally normal interaction between an individual and the rest of society. The excluded member is denied access to the resources that allow for healthy social, economic, and political interaction. The lower socioeconomic statuses, in turn, become socially deprived based on the lack of access to freedoms.

(a) Organismic Vs. Environmental

(b) Objective Vs, Subjective

(c) Absolute Vs. Relative.

Emotional disturbance means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance:

a) An inability to learn that cannot be explained by intellectual, sensory or health factors;

b) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;

c) Inappropriate types of behavior or feelings under normal circumstances;

Emotional disorder is a mental disorder in which one’s emotions are disturbed to a great extent. Emotional disorders list would typically cover various types of emotional disorders in various stages – from childhood to adulthood. Several such emotional disorders in children are broadly categorized into

- conduct disorders,
- affective disorders (emotional disturbances),
- personality disorders,
- anxiety disorders, and so on.

Psychotic disorders refer to severe mental disorders that cause abnormal thinking and perceptions. Two of the main symptoms are delusions and hallucinations. Delusions are false beliefs, such as thinking that someone is plotting against you. Hallucinations are false perceptions, such as hearing, seeing, or feeling something that is not there.

Dyslexia is the most common learning disability in children and persists throughout life. Diagnosis of dyslexia involves reviewing the child's processing of information from seeing, hearing, and participating in activities.

10.7 KEYWORDS

ED - Emotional Disturbance

NAMI - National Alliance on Mental Illness

OCD - Obsessive-Compulsive Disorder

PTSD - Post-Traumatic Stress Disorder

CBT - Cognitive Behavior Therapy

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UNIT XI – MULTIPLE DISABILITIES

Structure

11.0 INTRODUCTION

In this unit, you will learn about meaning and concept of Multiple Disabilities. You will also acquire knowledge about types and causes of Multiple Disabilities. You will also understand the educational implications of Multiple Disabilities.

11.1 OBJECTIVES

After going through this unit, you will be able to

- Know the meaning and concept of Multiple Disabilities
- Acquire awareness on types and causes of Multiple Disabilities
- Understand the educational implications of Multiple Disabilities.

11.2 MEANING AND CONCEPT OF MULTIPLE DISABILITIES

According to the Individuals with Disabilities Education Act's (IDEA), multiple disabilities refers to concomitant [simultaneous] impairments (such as intellectual disability-blindness, intellectual disability-orthopedic impairment, etc.), the combination of which causes such severe educational needs that they cannot be accommodated in a special education program solely for one of the impairments.

Children with multiple disabilities will have a combination of various disabilities that may include: speech, physical mobility, learning, mental retardation, visual, hearing, brain injury and possibly others.

Children with multiple disabilities also referred as multiple exceptionalities will vary in severity and characteristics. These students may have difficulty attaining and remembering skills and or transferring these skills from one situation to another.

The federal definition of multiple disabilities gives two examples of possible combinations of disabilities as intellectual disability and blindness; and intellectual disability and orthopedic impairment. Multiple disabilities is a term for a person with a combination of disabilities, for instance, someone with both a sensory disability associated and a motor disability.

A child who is multiple disabled should receive help as early as possible so that she can be helped to achieve her potential, and so that her disabilities will not become worse. Some examples of multiple disabilities are:

- ❖ Deafblind (Visual Impairment + Hearing Impairment)
- ❖ Visual Impairment + Hearing Impairment + Mental Retardation
- ❖ Visual Impairment + Mental Retardation
- ❖ Cerebral Palsy + Mental Retardation/ Hearing/ Speech/ Visual problems

Characteristics of children with multiple disabilities

Children with severe and/or multiple disabilities may exhibit any number or combination of the following characteristics depending on the

severity of cognitive delay and/or additional disabilities such as vision and hearing impairments, communication difficulties and physical disabilities affecting mobility, coordination, and/or fine motor skills.

- Have a distorted perception of the world
- Appear to be withdrawn and isolated
- Lack the ability to communicate with his or her environment in a meaningful way
- Lack curiosity and be deprived of many of the basic motivations
- Have medical problems that lead to serious developmental delays
- Be defensive to being touched
- Lack the ability to anticipate future events or the results of their actions
- Have feeding difficulties and/or unusual sleep patterns
- Limited speech or communication;
- Difficulty in basic physical mobility;
- Trouble generalizing skills from one situation to another; and

Check your Progress

1. Write the meaning of Multiple Disabilities.

11.3 TYPES OF MULTIPLE DISABILITIES

Multiple Disabilities could be two different types of physical disabilities, two different mental disabilities, or a combination of physical and mental disabilities. Common examples of Multiple Disabilities are:

- ❖ Intellectual disability and blindness
- ❖ Mental retardation and orthopedic impairment
- ❖ Locomotor disability and speech impairment.

Patients with multiple conditions and/or disabilities have two or more disabling conditions that affect learning or other important life functions. These can include:

1. Mental retardation, dementia
2. Bad eyesight, blindness
3. Hard of hearing, deafness
4. Arthritis, paralysed body/parts and other combinations too.

Multiple Disabilities could include a combination of factors relating to:

a) sensory loss, e.g. smell, taste, touch, sight, hearing.
b) physical health.
c) mental health.
d) physical disability.
e) learning difficulty/disability.
f) emotional health.

Check your Progress

2. List some combinations of multiple disabilities.

11.4 CAUSES OF MULTIPLE DISABILITIES

In children, early severe impairment of the brain is generally the main cause of multiple disabilities, affecting several areas of the neurological activity (intelligence, motricity, sensory sensitivity). In other cases, there are specific genetic factors that cause particular types of impairments because of gene or chromosome abnormalities.

Causes of Multiple Disabilities can include

- lack of oxygen at birth,
- difficulties at birth,
- premature birth,
- chromosomal abnormalities,
- genetic disorders,
- infections,

- poor development of the brain or
- spinal cord and injuries from accidents
- Chromosomal abnormalities
- Premature birth
- Difficulties after birth
- Poor development of the brain or spinal cord
- Infections
- Genetic disorders
- Injuries from accidents

Check your Progress

3. List some causes for multiple disabilities.

11.5 EDUCATIONAL IMPLICATIONS OF MULTIPLE DISABILITIES

The following strategies could help ensure a better life for persons with multiple disabilities:

- ✓ Be aware of what are the special needs of your child. Make sure that these needs are taken care of.
- ✓ Love your child and treat like other ability children.
- ✓ Encourage child with multiple disabilities to be independent and help in every way possible.
- ✓ Involve your child in daily chores that she can safely do.
- ✓ Children with learning disabilities are slow learners. Give time to your child to do things as her own pace.
- ✓ Know the needs, play to the strengths. Each student with multiple disabilities will have his or her own set of skills, strengths, and learning needs.

- ✓ Learning more about each disability of the student will be helpful in addressing those learning needs.
- ✓ Find out more about the student's strengths and interests, enthusiasms, and preferences.
- ✓ A multi-disciplinary team consisting of the student's parents, educational specialists, and medical specialists in the areas in which the individual demonstrates problems should work together to plan and coordinate necessary services.
- ✓ Involvement of the appropriate professionals (e.g. occupational therapists, speech/language therapist etc.)
- ✓ The arrangement of places school and homes must be easily accessible.
- ✓ Use visual aids when communicating with the child.
- ✓ Engage the child regularly in oral language activity.
- ✓ Tap into the student's strengths.
- ✓ Be ready to make modifications.
- ✓ Learn about Assistive Technology (AT).
- ✓ Learn about accessible textbooks.
- ✓ Don't give up on a goal; practice and reinforce.
- ✓ Deal with behavior issues.
- ✓ Make the most of paraprofessionals.
- ✓ Be involved in the student's transition planning.

Check your Progress

4. State some educational programmes for multiple disabilities.

11.6 ANSWERS TO CHECK YOUR PROGRESS

1. According to the Individuals with Disabilities Education Act's (IDEA), multiple disabilities refers to concomitant [simultaneous] impairments

(such as intellectual disability-blindness, intellectual disability-orthopedic impairment, etc.), the combination of which causes such severe educational needs that they cannot be accommodated in a special education program solely for one of the impairments.

2. Patients with multiple conditions and/or disabilities have two or more disabling conditions that affect learning or other important life functions. These can include:

1. Mental retardation, dementia
2. Bad eyesight, blindness
3. Hard of hearing, deafness
4. Arthritis, paralysed body/parts and other combinations too.

Multiple Disabilities could include a combination of factors relating to:

a) sensory loss, e.g. smell, taste, touch, sight, hearing.
b) physical health.
c) mental health.
d) physical disability.
e) learning difficulty/disability.

3. **Causes of Multiple Disabilities can include**

- lack of oxygen at birth,
- difficulties at birth,
- premature birth,
- chromosomal abnormalities,
- genetic disorders,
- infections,
- Premature birth
- Difficulties after birth
- Infections
- Genetic disorders
- Injuries from accidents

4.

- ✓ Learn about Assistive Technology (AT).
- ✓ Learn about accessible textbooks.
- ✓ Don't give up on a goal; practice and reinforce.

- ✓ Do not, however, assume that a student who is having difficulty cannot achieve a goal.

11.7 SUMMARY

According to the Individuals with Disabilities Education Act's (IDEA), multiple disabilities refers to concomitant [simultaneous] impairments (such as intellectual disability-blindness, intellectual disability-orthopedic impairment, etc.), the combination of which causes such severe educational needs that they cannot be accommodated in a special education program solely for one of the impairments.

Children with multiple disabilities will have a combination of various disabilities that may include: speech, physical mobility, learning, mental retardation, visual, hearing, brain injury and possibly others. Some examples of multiple disabilities are:

- ❖ Deafblind (Visual Impairment + Hearing Impairment)
- ❖ Visual Impairment + Hearing Impairment + Mental Retardation
- ❖ Visual Impairment + Mental Retardation
- ❖ Cerebral Palsy + Mental Retardation/ Hearing/ Speech/ Visual problems

Patients with multiple conditions and/or disabilities have two or more disabling conditions that affect learning or other important life functions. These can include:

1. Mental retardation, dementia
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4. Arthritis, paralysed body/parts and other combinations too.

Multiple Disabilities could include a combination of factors relating to:

a) sensory loss, e.g. smell, taste, touch, sight, hearing.
b) physical health.
c) mental health.
d) physical disability.
e) learning difficulty/disability.

f) emotional health.

Causes of Multiple Disabilities can include lack of oxygen at birth, difficulties at birth, premature birth, chromosomal abnormalities, genetic disorders, infections, poor development of the brain or spinal cord and injuries from accidents, Chromosomal abnormalities.

Educational Programmes for multiple disabilities are multi-disciplinary team consisting of the student's parents, educational specialists, and medical specialists in the areas in which the individual demonstrates problems should work together to plan and coordinate necessary services, Involvement of the appropriate professionals (e.g. occupational therapists, speech/language therapist etc.), The arrangement of places school and homes must be easily accessible, Use visual aids when communicating with the child, Engage the child regularly in oral language activity, Tap into the student's strengths, Be ready to make modifications. The right modifications and accommodations in the classroom can help a student with multiple disabilities access the general education curriculum at a grade-appropriate level.

11.8 KEYWORDS

IDEA - Individuals with Disabilities Education Act

RPWD - Rights of Persons with Disabilities Act

IEP - Individualized Education Programme

AT - Assistive Technology

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UNIT XII – SPECIAL CHILDREN WITH EXCEPTIONAL ABILITIES

Structure

12.0 INTRODUCTION

In this unit, you will learn about meaning, types, characteristics, problem and identification of gifted and creative children. You will also acquire knowledge about principles of creativity and its levels. You will also understand the measurement of creativity and fostering activities and programmes for creativity.

12.1 OBJECTIVES

After going through this unit, you will be able to

- Know the meaning, types, characteristics, problem and identification of gifted and creative children

- Recognize the knowledge about principles of creativity and its levels
- Understand the measurement of creativity and fostering activities and programmes for creativity.

12.2 GIFTED CHILDREN: TYPES, MEANING, CHARACTERISTICS, PROBLEMS AND IDENTIFICATION

Meaning of Gifted

Gifted children are children who give evidence of high performance capability in areas such as intellectual, creative, artistic, leadership capacity, or specific academic fields, and who require services or activities not ordinarily provided by the school in order to fully develop such capabilities.

Giftedness is the possession of special abilities. In the classroom, this is often seen as academic ability, which refers to intellectual ability measured by performance on IQ and standardized tests of academic achievement.

The brain rhythms of the gifted child occur more often, and this allows for concentration, attention, investigation, and inquiry. Gifted, creative, and talented students have special educational needs: they may learn in ways different from other students; they are more curious; and they think more abstractly.

Types of Gifted Children

It is difficult to arrange the gifted population into precise categories. Also, many terms are used to describe gifted individuals. Genius has traditionally been used to indicate a particular aptitude or capacity in any area. Remarkable early development is termed precocity.

Characteristics of Gifted Children

The gifted child also appears to have his share of emotional stresses. There are some common characteristics the gifted child may possess. The gifted child may be

- ❖ Self-disciplined, independent, often anti-authoritarian

- Zany sense of humor
- Able to resist group pressure, a strategy that is developed early
- More adaptable and more adventurous
- Greater tolerance for ambiguity and discomfort
- Little tolerance for boredom
- Preference for complexity, asymmetry, open-endedness
- High in divergent thinking ability
- High in memory, good attention to detail
- Broad knowledge background
- Need recognition, opportunity to share
- High aesthetic values, good aesthetic judgement
- Daydreamer.
- Dislikes teachers and thinks they are uninteresting.
- Does little homework.
- Dislikes physical education and seldom engages in team sports.
- Regarded as radical or unconventional.
- Often wants to be a lone to pursue his own thoughts and interests.

Problems and identification of Gifted Children

Problems of Gifted Children

- Difficulty following directions and failure to complete assignments.
- Trouble instigating and sustaining social interaction with peers
- Emotional maturity and self-esteem
- Dyslexia that affects literacy skills
- Dyspraxia and motor skills deficiencies that can impact on handwriting
- Attention and behavioural issues including ADD or ADHD
- Many gifted students try to reach an impossible goal – perfection
- Burnout and Exhaustion
- Issues Regarding Attention and Organization
- Difficulty in Making Friends
- Difficulty in Being Patient
- Unrealistic Expectations
- Issues Regarding Control

- Being a Perfectionist
- Feeling Guilty
- Issues Regarding Self-Esteem

Identification of Gifted Children

Identification is a critical component of effective gifted education programming.

- Unusual alertness, even in infancy
- Rapid learner; puts thoughts together quickly
- Excellent memory
- Unusually large vocabulary and complex sentence structure for age
- Enjoys solving problems, especially with numbers and puzzles
- Often self-taught reading and writing skills as preschooler
- Deep, intense feelings and reactions
- Highly sensitive
- Thinking is abstract, complex, logical, and insightful
- Idealism and sense of justice at early age
- Concern with social and political issues and injustices
- Longer attention span and intense concentration
- Asks probing questions
- Wide range of interests (or extreme focus in one area)
- Highly developed curiosity
- Interest in experimenting and doing things differently
- Puts idea or things together that are not typical
- Keen and/or unusual sense of humor
- Demonstrates strong math skills
- Thinks independently
- Expresses unique, original opinions
- Critical of others and themselves

Check your Progress

1. Write the meaning of Gifted.
2. What are the common problems of Gifted?

12.3 CREATIVE CHILDREN: TYPES, MEANING, CHARACTERISTICS, PROBLEMS AND IDENTIFICATION

Meaning of Creative Children

According to Eysneck, "Creativity is the ability to see new relationship to produce unusual ideas and to deviate from traditional patterns thinking." A child who is having the ability to find new relationship, produce unusual ideas and deviate from normal thinking are said to be creative child.

Types of Creative Children

- Divergent Thinking
- Lateral Thinking
- Aesthetic Thinking
- Systems Thinking
- Inspirational Thinking

Divergent thinking is the process of thought where a person uses flexibility, fluency and originality to explore as many solutions or options to a problem or issue as possible. Lateral thinking can be used for generation of new ideas and problem solving as it by definition leaves the already-used behind and looks for completely new options. Aesthetic thinking involves producing or discovering things, which are pleasant, harmonious and beautiful to our senses. Systems thinking can be described as the ability to see how things are interrelated and form a larger "whole". Inspirational thinking concerns the perception of receiving insights from somewhere or someone else.

Characteristics of Creative Children

According to Maslow, the characteristics of creative children are:

- More tolerance towards opposition.
- They are neat and have self-actualization ability.
- Not afraid of alien, abstract objects and thoughts.
- Apt to work instantly
- They have thought flow.

- They are innocent and not cunning.
- Have a large number of ideas or solutions to problems.
- Display intellectual playfulness, fantasize, imagine, and daydream.
- Creative People Are Energetic, but Focused
- Creative People Are Smart, but Also Naïve
- Creative People Are Playful, Yet Disciplined
- Creative People Are Realistic Dreamers
- Creative People Are Extroverted AND Introverted
- Creative People Are Proud, Yet Modest
- Creative People Are Conservative, Yet Rebellious
- Creative People Are Passionate, but Objective About Their Work

Problems of Creative Children

- ✓ Factual material is easier to test
- ✓ They threaten teacher's ideas
- ✓ We lack a reward system for creative
- ✓ School is no place for silly
- ✓ They are seen as deviant
- ✓ Things are too easy or too hard
- ✓ Some lack social skills and/or verbal skills

Identification of Creative Children

- Co-curricular activities
- Responsibilities
- Can be taken for peer tutoring
- Involving children in planning and designing school activities
- Interaction with parents
- Special summer programmes
- Involvement in community work
- Association with creative activities outside school.

Check your Progress

3. What are the types of creative child?
4. List some identification of creative child.

12.4 PRINCIPLES OF CREATIVITY AND ITS LEVELS

Creativity can take many forms and it is the ability to create or innovate something new, the skill to create something new from nothing. The adapting, combining, application of existing ideas also require creativity.

Principles of Creativity

Creative thinking inspires ideas, and these ideas inspire change. Creativity and creative thinking are very important aspects of any business, especially entrepreneurship. This creativity of every individual is composed of three main components.

Expertise

Expertise basically encompasses the knowledge of a person. This means intellectual knowledge, procedural knowledge, technical knowledge all combined together. While it is not important to have a creative side to attain expertise in one's field, the opposite tends to be true. Creativity generally does demand some level of expertise.

Creativity Thinking Skills

Another one of the Principles of Creativity is creative thinking. Creative thinking is associated with how one approaches a problem or difficult situation. It involves finding a unique and creative solution to any unanswered question or problem. New ideas, intelligent solutions, unique collaborations and combinations all are a part of creative thinking. It exhibits the flexibility and imagination power of a person. Creative thinking is stimulated by both structured processes such as lateral thinking and unstructured processes such as brainstorming.

Motivation

Motivation is the driving force behind an individual. It is the desire that pushes a person to initiate any action or behaviour or sustain such behaviours as well. If the person lacks motivation, he may give up easily without sufficient efforts. Intrinsic Motivation is the motivation that generates from within oneself. It is the drive a person has to do something or to continue to do something. Includes certain biological drives such as

hunger, pain, sleep etc. Extrinsic Motivation: Such motivation origates in our external environment. Includes motives such as bonuses, rewards, promotions, prizes etc.

Levels of Creativity

The first three levels can be attained by anyone through natural gifts and with motivation and persistence. The last two levels are those folks with exceptional gifts — and this type of creative being is born, not bred. The levels of creativity are

- Expressive creativity, as in the spontaneous drawings of children.
- Productive creativity, as in artistic or scientific products where there are restrictions and controlled free play.
- Inventive creativity, where ingenuity is displayed with materials, methods, and techniques.
- Innovative creativity, where there is improvement through modification involving conceptualizing skills
- Imaginative creativity, where there is an entirely new principle or assumption around which new schools, movements, and the like can flourish

Expressive creativity, as in the spontaneous drawings of children

The first level incorporates the primitive and intuitive expression often found in children and in adults who have not been trained in the arts. The naive artist creates for the joy of it.

Productive creativity, as in artistic or scientific products where there are restrictions and controlled free play

The second level of creativity is the academic and technical level. At this level, the artist learns skills and techniques, developing a proficiency that allows creative expression in a myriad of ways.

Inventive creativity, where ingenuity is displayed with materials, methods, and techniques

Many artists experiment with their craft, exploring different ways of using familiar tools and mediums. This heralds the third level of creativity, invention. Breaking rules is the order of the day, challenging the boundaries of discipline or academic tradition, and becoming

increasingly adventurous and experimental. Inventive creators use academic tradition and skills as a stepping-stone into new frontiers.

Innovative creativity, where there is improvement through modification involving conceptualizing skills

At the level of innovation the artist becomes more original. Materials and methods that are out of the ordinary are introduced. Now, the artist breaks the boundaries.

Imaginative creativity, where there is an entirely new principle or assumption around which new schools, movements, and the like can flourish

The fifth level of creativity is characterized as genius. There are individuals whose ideas and accomplishments in art and science defy explanation. Genius is arguably the one level that is unexplained and perhaps unattainable through persistence or applied work ethic. Rather it is something that an individual is born with. That said it can certainly be nurtured and supported, or suppressed by external control.

Check your Progress

5. Describe the principles of creativity.

12.5 MEASUREMENT OF CREATIVITY, FOSTERING ACTIVITIES AND PROGRAMMES FOR CREATIVITY

Measurement of Creativity

Measurements of Creativity are

- Measuring How Creative a Person Is - The Guilford Model
- Measuring How Creative a Work Is - The Taxonomy of Creative Design
- Measuring Creative Work Against a Program - The Requirements Model
- Measuring the Social Value of Creative Work - Csikszentmihalyi's Model

The Guilford Model

Psychologist J. P. Guilford devised four measures of a person's divergent production in creativity. Each of the measures can be practiced and improved, and each focuses on creative output in the context of a prompt (any prompt) that asks for a quantity of responses. The model has

Fluency: how many responses

Flexibility: how many types of responses

Originality: the unusualness of the responses

Elaboration: the detail of the responses

The Guilford approach has

Strengths: Measures output in a clear, quantifiable way.

Weaknesses: Tells nothing of the relevance or value of the creative output.

The Taxonomy of Creative Design

The Taxonomy of Creative Design refers to changes in form and content, and it can be used to analyze or assess the novelty or the derivation of a creative work. It classifies creative work as an imitation of another work, a variation on a single work, a combination of two or more works, a transformation of a work into a completely new form, or a creation that is previously unrecognizable. The design has

Strengths: Measures creative work in relation to other works. Assesses novelty and influence.

Weaknesses: Tells nothing of the relevance, value, or effectiveness of the work.

The Requirements Model

In the Requirements Model, creative work is assessed based on criteria (requirements) established before the work is made. The requirements model suggests that identifying these discrete pieces of information is the key to objectively measuring creative work. The model has

Strengths: Measures relevance, value, or effectiveness against clearly set requirements.

Weaknesses: Works only when comparing a work against itself, not another.

Csikszentmihalyi's Systems Model

Mihaly Csikszentmihalyi suggests that the value of a work lies in the relationship between three parties: the person (or his or her work), the category to which the work belongs, and the other people who engage the work. These parties broadly go under three names: the person, the domain, and the field.

Strengths: Measures relevance or value in the context of a community.

Weaknesses: Can be highly subjective.

Fostering activities and programmes of creativity

Embrace creativity as part of learning

Create a classroom that recognizes creativity. You may want to design awards or bulletin boards to showcase different ways of solving a problem, or creative solutions to a real world scenario.

Use the most effective strategies

Torrance performed an extensive meta-analysis that considered the most effective ways to teach creativity. He found that the most successful approaches used creative arts, media-oriented programs, or relied on the Osborn-Parnes training program.

Think of creativity as a skill

Much like resourcefulness and inventiveness it is less a trait and more a proficiency that can be taught.

Use emotional connections

Research suggests that the best creativity instruction ties in the emotions of the learner.

Use a creativity model

The Osborne-Parnes model is often used in education and business improvement to promote creativity. Each step involves a divergent thinking pattern to challenge ideas, and then convergent thinking to narrow down exploration. It has six steps:

- **Mess-finding**. Identify a goal or objective.
- **Fact-finding**. Gathering data.

- **Problem-finding**. Clarifying the problem
- **Idea-finding**. Generating ideas
- **Solution-finding**. Strengthening & evaluating ideas
- **Acceptance-finding**. Plan of action for Implementing ideas

See creativity in a positive light

If we are going to promote creativity, we need to embrace it too. Reward students for thinking of problems in varied ways by recognizing their efforts. E. Paul Torrance designed the incubation model and t involves 3 stages:

1. Heightening Anticipation
2. Deepen Expectations
3. Keep it going

Use a cultural artifact

Consider using an ordinary object, such as a light bulb used in the study or a historical artifact to have students think about living in a particular time period.

Establish expressive freedom

The classroom environment must be a place where students feel safe to share novel ideas. Allow for flexibility and create norms that promote creativity.

Be familiar with standards

Knowing the standards inside and out helps find creative solutions in approaching a lesson. Teachers can adapt them and work within the current framework.

Gather outside resources

There are some great resources to read related to creativity. It also gives a list of programs and organizations that can help with the process.

Allow space for creativity

Design some classroom space for exploration, such as a thinking table, a drama stage, a drawing table, or a space for groups to discuss ideas.

Give students time to ask questions

Organizations such as CCE (Creativity, Culture, Education) suggest teachers incorporate opportunities for students to ask questions. Intentionally design lessons that allow for wondering and exploration.

Creativity builds confidence

Students take ownership of their own learning. Parents and community members were happy to see students take ownership of their learning.

Encourage curiosity

Student interest is a great place to start on what drives their own thinking tank. Creativity is intrinsic in nature.

Explore different cultures

Culture is an excellent vehicle for inspiring creative thinking.

Tapping into multiple intelligences is key

Creativity requires us to use different parts of our brain. Allow students to use their strengths to find new ways of approaching a topic or solving a problem.

Teach creative skills explicitly

According to Collard, Creative skills aren't just about good ideas, they are about having the skills to make good ideas happen. He suggests creative skills should include 5 major areas: Imagination, Being disciplined or self-motivated, Resiliency, Collaboration and Giving responsibility to students.

Here are some ideas for fostering creativity

- Provide the resources they need for creative expression
- Space is also a resource your kids need
- Celebrate innovation and creativity
- Develop students' creativity in the classroom
- Create a compassionate, accepting environment.
- Be present with students' ideas.
- Encourage autonomy.
- Re-word assignments to promote creative thinking.
- Give students direct feedback on their creativity.

- Help students know when it's appropriate to be creative.
- Use creative instructional strategies, models, and methods as much as possible in a variety of domains.
- Switch up daily routines.
- Embrace ambiguity.

Programmes for Creativity

1. Foster a Question-Friendly Environment

Help students develop the habit of asking "why" questions about information, ideas, and beliefs normally taken for granted. Encouraging this type of behavior might require more teaching time, but it will nurture a childlike sense of wonder as your students learn and grow.

2. Practice Generating More Ideas

The more ideas we come up with, the more original the ideas generated will be. The more ideas we come up with, the greater our chances of producing a work of success.

3. Encourage New Skills

To foster new ideas and a unique perspective, however, encourage them to learn a variety of skills and subjects.

4. Model Creativity in the Classroom

To help students unleash more creativity, lead by example, and openly share your original ideas with the class. Model what it looks like to be open to feedback and bounce ideas off of one another.

5. Use the Jigsaw Classroom Method

When assigning classroom activities, allow students to do some work on their own. Doing individual work not only prevents groupthink, but it also facilitates student participation and helps them value their peers' strengths more.

Check your Progress

6. List the measurements of creativity.
7. State Jigsaw classroom method

12.6 ANSWERS TO CHECK YOUR PROGRESS

1. Gifted children are children who give evidence of high performance capability in areas such as intellectual, creative, artistic, leadership capacity, or specific academic fields, and who require services or activities not ordinarily provided by the school in order to fully develop such capabilities. In the classroom, this is often seen as academic ability, which refers to intellectual ability measured by performance on IQ and standardized tests of academic achievement.

2.

- Difficulty following directions and failure to complete assignments.
- Trouble instigating and sustaining social interaction with peers
- Emotional maturity and self-esteem
- Dyslexia that affects literacy skills
- Dyspraxia and motor skills deficiencies that can impact on handwriting
- Attention and behavioural issues including ADD or ADHD
- Many gifted students try to reach an impossible goal – perfection

3.

Types of Creative Children

- Divergent Thinking
- Lateral Thinking
- Aesthetic Thinking
- Systems Thinking
- Inspirational Thinking

4.

- Extra assignments with variety of activities, greater difficulty, requiring experimentation, investigation
- Co-curricular activities
- Responsibilities
- Visits to places of interests, Ability groups

- ❖ Can be taken for peer tutoring
- ❖ Involving children in planning and designing school activities
- ❖ Interaction with parents

5. **Principles of Creativity**

Creative thinking inspires ideas, and these ideas inspire change. Creativity and creative thinking are very important aspects of any business, especially entrepreneurship.

Expertise

Expertise basically encompasses the knowledge of a person. This means intellectual knowledge, procedural knowledge, technical knowledge all combined together.

Creativity Thinking Skills

Creative thinking is associated with how one approaches a problem or difficult situation. It involves finding a unique and creative solution to any unanswered question or problem. New ideas, intelligent solutions, unique collaborations and combinations all are a part of creative thinking. Creative thinking is stimulated by both structured processes such as lateral thinking and unstructured processes such as brainstorming.

Motivation

Motivation really defines the success of any endeavour. If the person lacks motivation, he may give up easily without sufficient efforts. If a person is truly motivated, and works towards his problems a creative solution can always be attained. Intrinsic Motivation is the motivation that generates from within oneself. It is the drive a person has to do something or to continue to do something includes certain biological drives such as hunger, pain, sleep etc. Extrinsic Motivation: Such motivation originates in our external environment includes motives such as bonuses, rewards, promotions, prizes etc.

6. Measurements of Creativity are

- ❖ Measuring How Creative a Person Is - The Guilford Model
- ❖ Measuring How Creative a Work Is - The Taxonomy of Creative Design

- ❖ Measuring Creative Work Against a Program - The Requirements Model
- ❖ Measuring the Social Value of Creative Work - Csikszentmihalyi's Model

7. When assigning classroom activities, allow students to do some work on their own. Doing individual work not only prevents groupthink, but it also facilitates student participation and helps them value their peers' strengths more.

12.7 SUMMARY

Gifted children are children who give evidence of high performance capability in areas such as intellectual, creative, artistic, leadership capacity, or specific academic fields, and who require services or activities not ordinarily provided by the school in order to fully develop such capabilities. Gifted, creative, and talented students have special educational needs: they may learn in ways different from other students; they are more curious; and they think more abstractly.

The gifted child also appears to have his share of emotional stresses. Interestingly enough, studies seem to indicate that the gifted child may, in fact, have lower self-esteem than the average child. According to Eysneck, "Creativity is the ability to see new relationship to produce unusual ideas and to deviate from traditional patterns thinking". Creative thinking inspires ideas, and these ideas inspire change. Creativity and creative thinking are very important aspects of any business, especially entrepreneurship.

Expertise basically encompasses the knowledge of a person. This means intellectual knowledge, procedural knowledge, technical knowledge all combined together. Creative thinking is associated with how one approaches a problem or difficult situation. It involves finding a unique and creative solution to any unanswered question or problem. It is basically thinking outside the box i.e., having a new perspective about something routine.

Motivation is the driving force behind an individual. It is the desire that pushes a person to initiate any action or behaviour or sustain such behaviours as well. Motivation is a very big part of any persons work environment. It really defines the success of any endeavour.

The levels of creativity are

- Expressive creativity, as in the spontaneous drawings of children.
- Productive creativity, as in artistic or scientific products where there are restrictions and controlled free play.
- Inventive creativity, where ingenuity is displayed with materials, methods, and techniques.

Create a compassionate, accepting environment, Be present with students' ideas, Encourage autonomy, Re-word assignments to promote creative thinking, Give students direct feedback on their creativity and Help students know when it's appropriate to be creative.

12.8 KEYWORDS

IQ – Intelligence Quotient

CCE - Creativity, Culture, Education

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UNIT XIII – EDUCATION OF THE GIFTED AND THE CREATIVE CHILDREN

Structure

13.0 INTRODUCTION

In this unit, you will learn about need and scope of education of the gifted and creative children. You will also acquire knowledge about psychology of teaching and learning in respect to the gifted and the creative. You will also gain information on curriculum, pedagogy, evaluation and placement in respect to the gifted and the creative.

13.1 OBJECTIVES

After going through this unit, you will be able to

- Know the need and scope of education of the gifted and creative children
- Recognize the psychology of teaching and learning in respect to the gifted and the creative

- Understand the curriculum, pedagogy, evaluation and placement in respect to the gifted and the creative.

13.2 NEED AND SCOPE OF EDUCATION OF THE GIFTED AND CREATIVE CHILDREN

Need and scope of education of the Gifted and Creative Children

There are five specific special needs common to children who are identified as gifted:

1. Interpersonal Relationships with Peers

Gifted children are intelligent enough to recognize that they are different than most children, and therefore, they often view themselves as separate somehow. This can make interpersonal relationships challenging.

2. Attention

If you suspect that your child is bored with the existing curriculum, then advocate on her behalf for a more challenging academic experience to meet her special needs.

3. Motivation

Gifted children can also display a lack of motivation for some of the same reasons that they exhibit attention problems. If gifted child begins to show signs of disinterest when it comes to school, then you need to take action to ensure he is provided with a more engaging, challenging curriculum.

4. Performance Anxiety

Gifted children strongly identify with their performance will inevitably fear failure and as a result, avoid taking risks and shy away from any activity they perceive as too challenging.

5. Verbal Communication

To help gifted child develop good verbal communication skills, encourage him to think through what he's going to say before he says it.

Build community before differentiating

Some students may be gifted in math and others may excel in the creative arts.

Assess often

If a student understands the most challenging part of a lesson, there's no need for them to learn the easier concepts that lead up to it.

Let students take charge of their learning

Kids can also help develop a project's scoring rubric, a process that can lead them to understand the effort required.

Honor interests and allow for exploration

A gifted learner's brain processes information rapidly, and he or she often thinks in more sophisticated.

Involve parents

Disadvantaged students may face special issues due to lack of role models or inadequate support from peers or family. Supplemental programs and activities can provide support for social and emotional needs.

Smorgasbord of opportunities to extend learning – Academic options

- Alternate school options
- Subject/grade acceleration
- Online courses
- Independent study
- Work with a mentor
- Part-time college
- Full-time early college
- Academic summer programs

Extracurricular activities

- Competitions
- Science projects
- Internships
- Art and music lessons and activities
- School and community clubs
- School and community leadership opportunities
- Sports

Variations and deviations in human traits are observed even among the normal children. An exceptional individual, however is one in whom these variations reach the extreme. The deviation may be positive or

negative. Such children are so exceptionally inferior or superior to the normal children in terms of physical development, mental ability, social behaviour and emotional reaction and faces difficulties in making a successful adjustment to people and situations.

Check your Progress

3. List some needs and scope of education of the Gifted and creative children.
4. What are the Psychological and personal characteristics as risk factors of Gifted and creative children?

13.3 PSYCHOLOGY OF TEACHING AND LEARNING IN RESPECT TO THE GIFTED AND THE CREATIVE

Gifted children come from all strata of society, including the very poor and the minority communities such as the scheduled castes and scheduled tribes, because high intellectual qualities or creative abilities are not confined only to the economically or socially superior groups.

There are a number of very good tests that might help in developing a rubric for distinguishing the characteristics of creative children.

1. Have the ability to make unusual associations or connections between seemingly unrelated or remote ideas.
2. Have the ability to rearrange elements of thought to create new ideas or products.
3. Have a large number of ideas or solutions to problems.
4. Display intellectual playfulness, fantasize, imagine, and daydream.
5. Are often concerned with adapting, improving, or modifying existing ideas, thoughts or products or the ideas or products of others.
6. Have a keen or unusual sense of humor and see humor others do not see.
7. Do not fear being different, but may still be emotionally hurt by non-acceptance.
8. Ask many questions at an early age – this trend generally continues past early childhood into adulthood.

9. Sometimes come up with unexpected, futuristic, bizarre, even "silly" answers or solutions.

The Components of Creativity

Two of the primary components of creativity include:

Originality: The idea should be something new that is not simply an extension of something else that already exists.

Functionality: The idea needs to actually work or possess some degree of usefulness.

- People who seem stimulating, interesting, and have a variety of unusual thoughts.
- People who perceive the world with a fresh perspective, have insightful ideas and make important personal discoveries. These individuals make creative discoveries that are generally known only to them.

With regard to their plans, objectives, content and training facilities all the educational systems have an effective role in activating or weakening the creativity in individuals. Regarding our educational system, we can easily find out that our location is too far away from what that can provide the backgrounds for creating and enhancing creativity in children and teenagers.

The psychology of the creativity enhancing considers five key aspects of teachers operations in the process of educating children and teenagers as what follows:

- Environmental- social Aspect
- Affective-cognitive Aspect
- Thinking Aspect
- Educational Aspect
- Physical Aspect

The social environment of the class has a large impact on the learning process. The students should be able to ask any questions without fear and they should be able to take part in discussions freely. Some of the

psychological aspects of teaching and learning process for the gifted and creative child are

1: Students' beliefs or perceptions about intelligence and ability affect their cognitive functioning and learning.

2: What students already know affects their learning.

3: Students' cognitive development and learning are not limited by general stages of development.

4: Learning is based on context, so generalizing learning to new contexts is not spontaneous but instead needs to be facilitated.

5: Acquiring long-term knowledge and skill is largely dependent on practice.

6: Clear, explanatory, and timely feedback to students is important for learning.

7: Students' self-regulation assists learning, and self-regulatory skills can be taught.

8: Student creativity can be fostered.

9: Students tend to enjoy learning and perform better when they are more intrinsically than extrinsically motivated to achieve.

10: Expectations for classroom conduct and social interaction are learned and can be taught using proven principles of behavior and effective classroom instruction.

11: Formative and summative assessments are both important and useful but require different approaches and interpretations.

Check your Progress

3. What are the five key aspects of teachers operations in the process of educating children and teenagers?
4. List some psychological aspects of teaching and learning process for the gifted and creative child.

13.4 CURRICULUM, PEDAGOGY, EVALUATION AND PLACEMENT IN RESPECT TO THE GIFTED AND THE CREATIVE

Curriculum and evaluation to the gifted and the creative

The Multiple Menu Model: A Practical Guide for Developing Differentiated Curriculum shows teachers how to ensure that their classroom curriculum closely mirrors that of various disciplines and how to include a variety of instructional activities designed to best meet certain student needs.

Acceleration

Educational acceleration is one of the cornerstones of exemplary gifted education practices, with more research supporting this intervention than any other in the literature on gifted individuals.

Curriculum Compacting

This important instructional strategy condenses, modifies, or streamlines the regular curriculum to reduce repetition of previously mastered material.

Grouping

The practice of grouping, or placing students with similar abilities and/or performance together for instruction, has been shown to positively impact student learning gains.

Identification

Identification is a critical component of effective gifted education programming. In addition to using assessments appropriate to the services provided, different strategies may be needed to ensure students with high potential are identified.

Pull-Out and Other Specialized Programs

Programming options for gifted and talented students occur in a variety of ways, and research demonstrates the effectiveness of pull-out programs, specialized classes, and other special programs and schools and the curriculum these services use in raising student achievement.

Teacher Training

Providing basic training for all teachers on recognizing and serving advanced students helps identify and more appropriately educate those students in the regular classroom.

Pedagogy of Gifted and Creative

Creativity has been discussed as an important aspect in the process of teaching and learning, however, many schools still adopt educational measures to repress this attribute. In the educational context, it is necessary to have the support of a teaching staff that has access to specialized training to attend gifted students, teachers must have access to additional materials to attend the needs of these children, the curriculum must be appropriate for inclusive educational practices, there should be curriculum enrichment programs that include all levels of teaching, it is also necessary to have efficient techniques to identify gifted students.

There are many challenges to overcome in the area of High Abilities/Giftedness. There is an urgent need for inclusive measures for gifted students (Virgolim, 2007) such as:

- Specialized training of teachers;
- Appropriate material to the needs of groups;
- Apropriate curriculum and programs for different levels in public and private schools;
- Modern techniques of identification;
- More specialized literature in our language.

It is important to instigate curiosity and desire of learning of gifted students. The way of thinking of students with high potential, often differs from the way that other students think, because generally gifted present in their thinking many details that are present in a single idea, their answers are uncommon and they present different forms of answers when they are questioned. Alencar (2009) expresses some characteristics of creative thinking

- ❖ Quantity of details contained in an idea;
- ❖ Infrequent or unusual answers;
- ❖ Abundance or amount of different ideas on the same subject;

- Ability to change the thought or design different categories of responses

Placement to the gifted and the creative

Familiarize Yourself with the Characteristics of Intellectually Gifted Students

Students who are intellectually gifted demonstrate many characteristics, including: a precocious ability to think abstractly, an extreme need for constant mental stimulation; an ability to learn and process complex information very rapidly; and a need to explore subjects in depth.

Let Go of "Normal"

As a teacher, you will likely encounter students who are moderately gifted, highly gifted and, perhaps if you're lucky, even a few who are profoundly gifted. Strategies that work for one group of gifted students won't necessarily work for all gifted students. Don't be afraid to think outside the box. You're in the business of helping students to develop their abilities. Just as athletes are good at athletics, gifted students are good at thinking.

Conduct Informal Assessments

Consider offering these students the option to complete an independent project on the topic or to substitute another experience that would meet the objectives of the assignment, i.e. taking a college/distance course. Conducting informal assessments is a useful and inexpensive tool that will offer a lot of information.

Re-Familiarize Yourself with Piaget & Bloom

Gifted students are often in his "formal operations" stage when their peers are still in his "pre-operational" or "concrete operations" stages.

Involve Parents as Resource Locators

Most parents understand that teachers don't have the luxury of creating a customized curriculum for every student, but most teachers are willing to make accommodations if parents can do the necessary research.

Learning from the Experiences of Others

Gifted children are consistent and positive and remember, you may be the first teacher who has offered them an opportunity to actually learn, rather than regurgitate and they may not know how to handle your responsiveness.

Utilize Outside Resources

Gifted students cannot fend for themselves and it is up to you to begin the exciting adventure of making a difference to the gifted students in your classroom.

Check your Progress

5. What is the role of parents in the placement of gifted and creative?

13.5 ANSWERS TO CHECK YOUR PROGRESS

1.
   1. Interpersonal Relationships with Peers.
   2. Attention
   3. Motivation
   4. Performance Anxiety
   5. Verbal Communication

2. Psychological and personal characteristics as risk factors
   - ❖ Overexcitabilities
   - ❖ Psychological type (introversion)
   - ❖ Low self-esteem
   - ❖ Fixed mindset
   - ❖ Unhealthy perfectionism
   - ❖ Asynchronous development
   - ❖ Poor social skills
   - ❖ Learning differences/disabilities

3.

- Environmental- social Aspect
- Affective-cognitive Aspect
- Thinking Aspect
- Educational Aspect
- Physical Aspect

4. Psychological aspects of teaching and learning process for the gifted and creative child are

1: Students' beliefs or perceptions about intelligence and ability affect their cognitive functioning and learning.

2: What students already know affects their learning.

3: Students' cognitive development and learning are not limited by general stages of development.

4: Learning is based on context, so generalizing learning to new contexts is not spontaneous but instead needs to be facilitated.

5: Acquiring long-term knowledge and skill is largely dependent on practice.

6: Clear, explanatory, and timely feedback to students is important for learning.

5.

An informal assessment can help them determine the best place to start and then encourage them to explore other options that could be adapted to the classroom. Most parents understand that teachers don't have the luxury of creating a customized curriculum for every student, but most teachers are willing to make accommodations if parents can do the necessary research. Flexibility and a willingness to think differently can create win-win situations.

13.6 SUMMARY

Parents can be powerful partners, and they are often vocal advocates. Possible impact of special schools, academic programs, and

extracurricular activities – Connect to intellectual peers – Develop a sense of belonging – Improve social skills – Experience rigorous coursework – Build academic confidence – Encourage intellectual risk-taking – Pursue passions in depth – Garner recognition – Develop leadership skills – Enhance goals for the future.

The psychology of the creativity enhancing considers five key aspects of teachers operations in the process of educating children and teenagers as Environmental- social Aspect, Affective-cognitive Aspect, Thinking Aspect, Educational Aspect and Physical Aspect.

Providing basic training for all teachers on recognizing and serving advanced students helps identify and more appropriately educate those students in the regular classroom.

Jean Piaget offers a helpful description of developmental stages as they relate to learning. Gifted students are often in his "formal operations" stage when their peers are still in his "pre-operational" or "concrete operations" stages.

An informal assessment can help them determine the best place to start and then encourage them to explore other options that could be adapted to the classroom. Gifted students cannot fend for themselves and it is up to you to begin the exciting adventure of making a difference to the gifted students in your classroom.

13.7 KEYWORDS

I.Q – Intelligence Quotient

High Abilities - Giftedness

13.8 FURTHER READINGS

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UNIT XIV – PROBLEMATIC CHILDREN

Structure

14.0 INTRODUCTION

In this unit, you will learn about concept, meaning, characteristics, problems and etiology, preventive measures and educational programmes for Traunts, Delinquents, drug addicts and other type of problem children. You will also gain information on placement of Delinquents, drug addicts and other types of problem children.

14.1 OBJECTIVES

After going through this unit, you will be able to

- Know the concept and meaning of truants, delinquents, drug addicts and other type of problem children
- Understand the problems and etiology of truants, delinquents, drug addicts and other types of problem children

- Identify the preventive measures and educational problems for truants, delinquents, drug addicts and other types of problem children
- Gain information about the placement of delinquents, drug addicts and other types of problem children

14.2 CONCEPT AND MEANING, CHARACTERISTICS, PROBLEMS AND ETIOLOGY, PREVENTIVE MEASURES AND EDUCATIONAL PROGRAMMES OF TRAUNTS

Concept and Meaning

Truancy is unapproved absence from school, usually without a parent's knowledge. Noncompliance results in penalties for the parent(s) or guardian of the truant student. Most experts believe that truancy is a powerful and accurate predictor of involvement in crime and violence. Truancy is different from school phobia, in which a child fails to attend school because of anxiety.

Truancy, or the habitual act of being absent from school without permission, is a major issue affecting the overall success of the school. A truant is a "child aged 6 – 17 years old who absents himself or herself from school without a legitimate reason and without permission of his or her parents or the school official" (Schaefer and Millman, l981).

Characteristics

There are many reasons why children become truant. These include:

- lack of interest in education and alienation from school
- falling behind academically in school
- fear of violence on the way to school or at school
- alienation from authority
- lax parental supervision
- lack of parental support for education
- drug and alcohol abuse

Problems and Etiology

Family factors that may cause truant behavior include, but are not limited to parents' education, parental supervision, and household income. In a recent study on eighth and tenth grade student absenteeism, Henry (2007) illustrates that the lower the father's education, the more likely the child is to commit truancy. The chance the child would commit truancy was even higher if the mother was a high school dropout. 29.9% of truants were unsupervised for five hours or more after school whereas only 11.3% of truants were never unsupervised after school.

In oversized classrooms, students' diverse needs, whether they are instructional, social, or a various other, cannot consistently be met and student-teacher relationships cannot be developed. This leads to a school climate and attitude in which each individual must fend for himself. Henry (2007) solicits that 23% of truants choose to skip school because they do not feel safe in their school environment. Moreover, if a student does not feel comfortable, secure, or safe, and logically decides to skip school because location x is safer than the school, he is punished.

Tobin (2009) suggests that imposing more serious punishments has worsened truant behavior; thus proving punishment to be counterproductive in the fight against chronic absenteeism. Economic influences that may cause truant behavior include, but are not limited to living situation and student employment.

The percentage of each activity in nontruant children is given in parentheses for comparison.

- all psychiatric disorders: 25.4 percent (6.8 percent)
- oppositional defiant disorder: 9.7 percent (2.3 percent)
- conduct disorder: 14.8 percent (1.6 percent)
- depression: 7.5 percent (1.6 percent)
- conflictual relationships with peers: 16.2 percent (8.7 percent)
- living in poverty: 31.3 percent (19.1 percent)
- single-parent household: 45.9 percent (21.8 percent)

- lax parental supervision: 31.5 percent (6.7 percent)
- mother currently diagnosed as depressed: 11.9 percent (5.5 percent)
- parents teenagers at time of birth: 15.3 percent (8.4 percent)

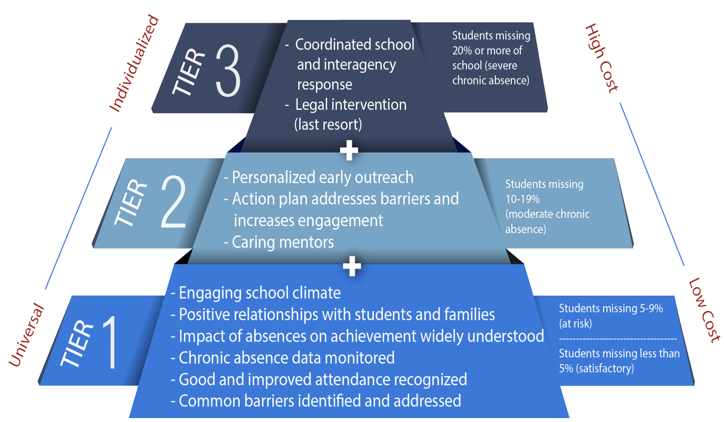
Preventive Measures and Educational Programmes

Collaboration involves creating abroad-based multidisciplinary partnership between the agencies and organizations whose involvement impacts truancy directly (i.e. schools, juvenile courts, and law enforcement agencies).

- True family involvement actively engages parents "for their advice, experience, and expertise in the community, as clients of our public systems of care, and as experts in the lives of their children" (NCSE, 2005).

- A comprehensive approach addresses every factor that affects truancy, including transportation, mental health, family setting, and school climate.

- Effective programs combine meaningful sanctions for truancy and meaningful incentives for attendance to change the behavior of students.



Attendance interventions for chronically absent students provide support and resources to address individual factors that contribute to absences such as low self-esteem, school anxiety, social skills, or medical

conditions; familial factors such as discipline, parental support, or poverty; and school factors such as attendance policies, teacher/student relationships, and bullying.

In order to develop a successful intervention process, school building officials need to rely on teachers (especially in the elementary and middle school grades) as an integral part of the communication network with parents. Teachers can help identify truant behavior early by:

- keeping regular and accurate attendance records
- communicating with students and parents about the importance of daily class attendance
- promptly reporting to the building central office prolonged absences

When students transition to another building (grade level transfers, transfers in, etc.) they are high risks for truant behavior. As new students are counseled, especially those with other risk factors (siblings dropping out, siblings with truant behavior, peer culture with truant behavior, etc.), courses, teams, classes should be carefully determined.

Check your Progress

5. Who are truancy children?
6. List some characteristics of truancy children.

14.3 CONCEPT AND MEANING, CHARACTERISTICS, PROBLEMS AND ETIOLOGY, PREVENTIVE MEASURES AND EDUCATIONAL PROGRAMMES OF DELINQUENTS

Delinquency is a minor crime, especially one committed by a youth. Cutting class all week to drive around town without your license is a sure sign of delinquency. Juvenile can be defined as a child who has not attained a certain age at which he, like an adult person under the law of the land, can be held liable for his criminal acts. The juvenile is a child who is alleged to have committed /violated some law which declares the act or omission on the part of the child as an offence.

Characteristics

The characteristics of delinquents are

(1) The delinquency rates are much higher among boys than among girls, that is, girls commit less delinquencies than boys. The involvement of girls in the juvenile delinquency up to 1987 was about 6 per cent to 7 per cent.

(2) The delinquency rates tend to be highest during early adolescence (12-16 years age group).

(3) Juvenile delinquency is more an urban than a rural phenomenon. The metropolitan cities (with population of more than 10 lakh) produce more juvenile delinquents than small cities and towns.

(4) Children living with parents and guardians are found to be more involved in the juvenile crimes.

(5) Low educational background is the prime attribute for delinquency.

(6) Poor economic background is another important characteristic of juvenile delinquency in India.

(7) More than four-fifths of the juvenile delinquents are first offenders and only a little more than one-tenth are recidivists or past offenders.

(8) Not many delinquencies are committed in groups.

(9) Though some delinquencies are committed in groups but the number of juvenile gangs having support of organized adult criminals is not much in our country.

Problems and Etiology

Ocular Ailments leads to irritability. It is a discontent factor causing emotional disturbance and discomfort. Nose and throat problem may cause weakness and discomfort and may result in school truancy or dislike for work. Hearing Problem such as deafness or difficulty in hearing makes the person concerned inefficient. Speech Problem also found to lead to delinquency acts especially in children. Enuresis involves a disorder of functions of the bladder. Sometimes it discomfort and even some time may lead to delinquency.

Irritation caused by ailments such, as ringworm eczema, irritation of sexual organs is also a significant factor resulting in delinquency.

Headache may cause irritation of temperamental though rarely may result in some sort of outburst. Excessive strength of a person who is possessed excessive physical strength and his mental trait being uncultured and not properly channelized, probability of his committing an act of offence becomes higher.

Preventive Measures and Educational Programmes for Delinquents

School-based prevention programs include interventions to prevent a variety of forms of problem behavior including theft, violence, illegal acts of aggression, alcohol or drug use, rebellious behavior, antisocial behavior, aggressive behavior, defiance of authority and disrespect for others.

There can be four different strategies of school-based prevention that generally focus on altering the school or classroom environments. One strategy involves building school capacity and this strategy basically includes interventions to change the decision-making process or authority structures to enhance the general capacity of the school. One other strategy is establishing norms for behavior and this involves school-wide efforts to redefine norms for behavior and signal appropriate behavior through the use of rules. Another strategy is to manage classes and this involves using instructional methods designed to increase student engagement in the learning process and hence increase their academic performance and bonding to school; and classroom organization and management strategies. The last strategy is to regroup students and this involves reorganizing classes or grades to create smaller units, continuing interaction or different mixes of students, or to provide greater flexibility in instruction.

One more prevention program that deals with preventing anger is the Problem Solving Skills Training (PSST) Program. The Problem Solving Skills Training program was created for school-age children who are taught to apply five problem-solving steps through verbal self-prompts which end up encouraging them to engage in appropriate problem-solving thoughts and actions. The five steps include:

(1) what am I supposed to do?

(2) I have to look at all my possibilities

(3) I'd better concentrate and focus in

(4) I need to make a choice

(5) I did a good job or Oh, I made a mistake.

Check your Progress

3. What are the problems and etiology faced by delinquents?
4. Give some preventive measures for delinquents.

14.4 CONCEPT AND MEANING, CHARACTERISTICS, PROBLEMS AND ETIOLOGY, PREVENTIVE MEASURES AND EDUCATIONAL PROGRAMMES OF DRUG ADDICTS AND OTHER TYPE OF PROBLEM CHILDREN

Concept and Meaning of Drug Addicts

The National Institute on Drug Abuse (NIDA) provides a comprehensive definition of drug addiction, stating, addiction is defined as a chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences. Addiction is recognized as a brain disease because drugs literally cause changes to the brain.

Characteristics

When a person feels that he or she needs to use the drug on a regular basis, whether daily or several times throughout the day

- ❖ Experiencing strong urges to use a drug
- ❖ Maintaining a steady supply of the drug
- ❖ Falling short in school or work responsibilities due to substance abuse
- ❖ Wanting to stop using the drug, but being unable to successfully quit
- ❖ Undergoing withdrawal when a person tries to quit
- ❖ uncontrollably seeking drugs

- uncontrollably engaging in harmful levels of habit-forming behavior

Problems and Etiology

A person with an addiction experiences cravings that persist even in the face of extremely negative consequences. The addictiveness of a drug is related to how strongly the drug activates the reward circuits in the brain. For instance, when the methamphetamine found on the street is purer (meaning that it stimulates the dopamine reward circuits more), then the number of first-time drug users who become drug abusers is higher.

Addictive substances or behaviors change the reward circuits in the brain. In other words, the brain responds to the addictive substance in the same way that it responds to very pleasurable experiences.

Preventive measures and Educational Programmes for Delinquency

Behavioral therapy or counseling may be used to accomplish the following:

- Encourage and increase motivation for change from using an addicting drug
- Help build skills to resist addiction-related activities
- Improve problem-solving abilities
- Improve interpersonal relationships, including the individual's ability to function in the family and community

- behavioral therapy and counseling
- medication and drug-based treatment
- medical devices to treat withdrawal
- treating related psychological factors, such as depression
- ongoing care to reduce the risk of relapse

Apart from the above, the following measures are

1. Learn to Deal with Life’s Pressures

2. Don’t Give in to Peer Pressure

3. Develop Close Family Ties

4. Develop Healthy Habits

5. Deal with Pressure

6. Balance Your Life

7. Seek Help for a Mental Illness

The following steps are helpful to prevent drug misuse in children and teenagers:

- Communicate
- Listen
- Set a good example
- Strengthen the bond

Check your Progress

5. State three characteristics of drug addicts.
6. Give some preventive measures and educational programmes for drug addicts.

14.5 PLACEMENT OF DELINQUENTS, DRUG ADDICTS AND OTHER TYPES

Families play an important role in the recovery of substance abusing juveniles, but this influence can be either positive or negative. Parental substance abuse or criminal involvement, physical or sexual abuse by family members, and lack of parental involvement or supervision are all risk factors for adolescent substance abuse and delinquent behavior.

Thus, the effective treatment of juvenile substance abusers often requires a family based treatment model that targets family functioning and the increased involvement of family members. Effective adolescent treatment approaches include multisystem therapy, multidimensional family therapy, and functional family therapy. These interventions show promise in strengthening families and decreasing juvenile substance abuse and delinquent behavior.

Check your Progress

7. What are the placement provisions for delinquents, drug addicts and other types?

14.6 ANSWERS TO CHECK YOUR PROGRESS

1. A truant is a "child aged 6 – 17 years old who absents himself or herself from school without a legitimate reason and without permission of his or her parents or the school official" (Schaefer and Millman, l981).

2.

- falling behind academically in school
- fear of violence on the way to school or at school
- alienation from authority
- lax parental supervision
- lack of parental support for education
- drug and alcohol abuse

3. Ocular Ailments leads to irritability. Nose and throat problem may cause weakness and discomfort and may result in school truancy or dislike for work. Hearing Problem such as deafness or difficulty in hearing makes the person concerned inefficient.

4. One strategy is establishing norms for behavior and this involves school-wide efforts to redefine norms for behavior and signal appropriate behavior through the use of rules. Another strategy is to manage classes and this involves using instructional methods designed to increase student engagement in the learning process and hence increase their academic performance and bonding to school; and classroom organization and management strategies.

5.

- ❖ Wanting to stop using the drug, but being unable to successfully quit
- ❖ Undergoing withdrawal when a person tries to quit
- ❖ uncontrollably seeking drugs
- ❖ uncontrollably engaging in harmful levels of habit-forming behavior

- ❖ neglecting or losing interest in activities that do not involve the harmful substance or behavior

6.

- Replace addiction-related activities with more constructive and rewarding activities
- Improve problem-solving abilities
- Improve interpersonal relationships, including the individual's ability to function in the family and community

7. Parental substance abuse or criminal involvement, physical or sexual abuse by family members, and lack of parental involvement or supervision are all risk factors for adolescent substance abuse and delinquent behavior. Effective adolescent treatment approaches include multisystem therapy, multidimensional family therapy, and functional family therapy.

14.7 SUMMARY

A truant is a "child aged 6 – 17 years old who absents himself or herself from school without a legitimate reason and without permission of his or her parents or the school official". School factors that may cause truant behavior include, but are not limited to school climate, class size, attitudes, ability to meet each student's diverse needs, and the school's discipline policy regarding truancy. As new students are counseled, especially those with other risk factors (siblings dropping out, siblings with truant behavior, peer culture with truant behavior, etc.), courses, teams, classes should be carefully determined.

Delinquency is a minor crime, especially one committed by a youth. Cutting class all week to drive around town without your license is a sure sign of delinquency. Nose and throat problem may cause weakness and discomfort and may result in school truancy or dislike for work. Breathing may be obstructed, and may result in mouth breathing and may, thus, give an appearance of inefficiency in work. Strategy is to manage classes and this involves using instructional methods designed to increase student engagement in the learning process and hence increase their

academic performance and bonding to school; and classroom organization and management strategies.

Addiction is recognized as a brain disease because drugs literally cause changes to the brain. Addiction or substance abuse is a complex brain disease. A person with an addiction experiences cravings that persist even in the face of extremely negative consequences. Addiction treatment is highly personalized and often requires the support of the individual's community or family. During the intervention, these people gather together to have a direct, heart-to-heart conversation with the person about the consequences of addiction and ask him or her to accept treatment.

Families play an important role in the recovery of substance abusing juveniles, but this influence can be either positive or negative. Thus, the effective treatment of juvenile substance abusers often requires a family based treatment model that targets family functioning and the increased involvement of family members. Effective adolescent treatment approaches include multisystem therapy, multidimensional family therapy, and functional family therapy.

14.8 KEYWORDS

AACAP - American Academy of Child and Adolescent Psychiatry

PSST - Problem Solving Skills Training

NIDA - National Institute on Drug Abuse

14.9 FURTHER READINGS

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Distance Education – CBCS
(2018-19 Academic Year Onwards)

MODEL QUESTION PAPER

M.A(Education)

348 41 - SPECIAL EDUCATION

Time : 3 Hours
Marks :75

PART – A (10 × 2 = 20 Marks)

I. Answer all questions.

1 What do you mean by creative children?
2. List some characteristics for gifted children.
3. What is the need for special education?
4. State PWD act 1995.
5. What do you mean by the term mentally retarded?
6. List out any four pedagogy methods for disabled learners.
7. List out the types of multiple disabilities.
8. Define dyslexic delicate children.
9. What are gifted children?
10. Define delinquents.

PART – B (5 × 5 = 25 Marks)

II. Answer all questions choosing either (a) or (b).

11. a) Explain the legislations for Special Education.
or
b) What are the roles of national institutions in special education?

12. a) Enumerate the various placement for disabled learners
or
b) Distinguish between visually handicapped and audio handicapped.

13. a) Explain the need and scope of education for the gifted and the creative children.
or
b) Describe the orthopedically impaired.

14. a) What is emotionally disturbed children and its types?

or

b) What are the causes for disabilities?

15. a) write short note on curriculum for disabled learner.

Or

b) Explain psychology of teaching and learning in respect to the gifted and the creative.

PART – B (3 × 10 = 30 Marks)

III. Answer any 3 out of 5 questions.

16. Explain etiology and its characteristics with reference to the carious disabilities and their prevention methods.
17. Describe the classification of disabilities.
18. Explain the preventive measures and educational programmes for problematic children.
19. Briefly explain about the evaluation methods for disabled learners.
20. Explain the principles of creativity and the methods to fostering the creativity.